

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Democratic Party of Virginia

ADDRESS (number and street)

1108 E MAIN STREET, 2ND FLOOR

☐Check if different
than previously
reported. (ACC)

RICHMOND

VA

23219

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00155952

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

VA

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Abbi Easter

Signature of Treasurer

Electronically Filed by Abbi Easter

Date

06

25

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Democratic Party of Virginia

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		-7835.49
(b) Cash on Hand at Beginning of Reporting Period	310521.13	
(c) Total Receipts (from Line 19)	1541942.76	2746557.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1852463.89	2738722.18
7. Total Disbursements (from Line 31)	1649266.31	2535524.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	203197.58	203197.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	37968.92	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Democratic Party of Virginia

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	60067.38	279226.30
(i) Itemized (use Schedule A)	36995.64	141346.54
(ii) Unitemized	97063.02	420572.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	238791.92	238791.92
(b) Political Party Committees	168015.00	242365.41
(c) Other Political Committees (such as PACs)	503869.94	901740.17
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	818968.00	1450425.45
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	3495.00	5644.66
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1120.96	44650.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	67403.58	197021.66
(b) Levin Funds (from Schedule H5)	147085.28	147085.28
(c) Total Transfer (add 18(a) and 18(b)).	214488.86	344106.94
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1541942.76	2746567.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1327453.90	2402460.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	7262.21	121100.85
(i) Federal Share.....		
(ii) Non-Federal Share.....	27320.54	304142.32
(b) Other Federal Operating Expenditures.....	25810.51	84422.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	60393.26	509665.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	11454.00
24. Independent Expenditure (use Schedule E)	15012.87	15012.87
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	115735.19	124476.44
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2900.00	3230.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	2900.00	3230.00
29. Other Disbursements.....	0.00	47766.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	170079.15	170079.15
(ii) "Levin" Share	639821.72	639821.72
(b) Federal Election Activity Paid Entirely With Federal Funds	640324.12	1013919.10
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1450224.99	1823819.97
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1649266.31	2535524.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	982124.05	1591560.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	503869.94	901730.17
34. Total Contribution Refunds (from Line 28(d))	2900.00	3230.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500969.94	898500.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33072.72	205522.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	3495.00	5644.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29577.72	199878.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

John Grisham

Mailing Address PO Box 4200

City State Zip Code
Tupelo MS 38803-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Writer

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: C164705

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)

John Ray Alford

Mailing Address 118 Bennington drive

City State Zip Code
Lynchburg VA 24503-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: C164686

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

W. Austin Ligon

Mailing Address 970 Millers Ln

City State Zip Code
Manakin Sabot VA 23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarMax

Occupation
president

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C164393

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

15100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Toni MoteMailing Address 500 Pacific Ave
APT 911City State Zip Code
Virginia Beach VA 23451-3542FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
RetiredReceipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C163915

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jonathan Anthony Sisson

Mailing Address 8713 Prudence Dr

City State Zip Code
Annandale VA 22003-4153FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
RetiredReceipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C164428

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Uaw V Cap

Mailing Address 8000 East Jefferson Drive

City State Zip Code
Detroit MI 48214-3963FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information RequestedReceipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: C164318

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Michael Peter Chaplin

Mailing Address 10606 Blossomwood Rd

City

Chesterfield

State

VA

Zip Code

23832-7042

FEC ID number of contributing federal political committee.

C

Name of Employer
VDOT

Occupation

Computer Systems Engineer

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C164432

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Stephanie Jayne Powers

Mailing Address 5534 Jowett Ct

City

Alexandria

State

VA

Zip Code

22315-5538

FEC ID number of contributing federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C164473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael David Solomon

Mailing Address 1849 Massachusetts Ave

City

Mc Lean

State

VA

Zip Code

22101-4906

FEC ID number of contributing federal political committee.

C

Name of Employer
US Dept of Treasury

Occupation

Director of Capital Policy

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: C164509

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Constance T Wynn

Mailing Address 530 N Main St

City	State	Zip Code
Blackstone	VA	23824-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Transaction ID: C164128

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Ronald Lester Platt

Mailing Address 10110 Walker Lake Dr

City	State	Zip Code
Great Falls	VA	22066-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenberg ResearchOccupation
Senior Director

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: C166071

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Patrick H Butler, III

Mailing Address PO Box 16449

City	State	Zip Code
Alexandria	VA	22302-8449

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Historian/Consultant

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: C164493

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Thomson Trumpower

Mailing Address 585 Grove Street Suite 201

City	State	Zip Code
Herndon	VA	20170

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Transaction ID: C164142

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Renee Grisham

Mailing Address PO Box 4200

City	State	Zip Code
Tupelo	MS	38803

FEC ID number of contributing
federal political committee.**C**Name of Employer
NAOccupation
Homemaker

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	6

Transaction ID: C164708

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ralph Johnson Grimsley

Mailing Address 700 Wormley Creek Dr

City	State	Zip Code
Yorktown	VA	23692-4237

FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
Retired

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	6

Transaction ID: C164596

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

8600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Robert Yuen Pai Tsien

Mailing Address 11000 Carter Cooper Way

City State Zip Code
Oakton VA 22124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freddie MacOccupation
Executive

Receipt For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: C164170

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Laurie S Fulton

Mailing Address 510 Cameron Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams & Connolly LLPOccupation
Attorney

Receipt For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: C164225

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Jean C Dunbar

Mailing Address 108 W. Preston Street

City State Zip Code
Lexington VA 24450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Historic Design, IncOccupation
Consultant/Contractor

Receipt For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: C164173

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Marvin Wilbert Coulton Mailing Address 13403 Delaney Rd City State Zip Code Woodbridge VA 22193-4833 FEC ID number of contributing federal political committee. C Name of Employer Company in Maryland Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 Transaction ID: C164689 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) James L. Sundquist Mailing Address 900 N Taylor St APT 2117 City State Zip Code Arlington VA 22203-1896 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: C164259 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Donna Heivilin Mailing Address 5330 36th St N City State Zip Code Arlington VA 22207-1816 FEC ID number of contributing federal political committee. C Name of Employer US GENERAL ACCOUNTING OFF-ICE Occupation ACCOUNTANT Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C164325 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. William A Boleyn

Mailing Address 9711 Waterfront Dr

City	State	Zip Code
Manassas	VA	20111-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C166002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mary Owen

Mailing Address 9090 Nesselwood Cir

City	State	Zip Code
Mechanicsville	VA	23116-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C163889

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mimi Milner Elrod

Mailing Address PO Box 534

City	State	Zip Code
Lexington	VA	24450-0534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington and Lee Univer-
sityOccupation
Administrator/Educator

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C164293

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Dean F Wilhelm Mailing Address 6460 Autumn Glen Ct City State Zip Code Alexandria VA 22312-1440 FEC ID number of contributing federal political committee. C Name of Employer Holiday Inn Capitol Occupation General Manager Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C164367 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mary Alice Plummer Mailing Address PO Box 35 City State Zip Code Greenwood VA 22943-0035 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Personal Finance Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: C163865 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Gloria J Haislip Mailing Address 112 Waugh Dr City State Zip Code Galax VA 24333-2615 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: C164005 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Wesley Callender

Mailing Address 1088 Manning St

City	State	Zip Code
Great Falls	VA	22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Architect

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C164489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sharon E Pandak

Mailing Address 11230 Edgemoor Ct

City	State	Zip Code
Woodbridge	VA	22192-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sands, Marks & MillerOccupation
attorney

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C165999

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Paul Zimmet

Mailing Address 1101 Peppertree Drive

City	State	Zip Code
Great Falls	VA	22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Transaction ID: C164175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. JOHN LAWTON

Mailing Address 2411 18TH ST N

City

ARLINGTON

State

VA

Zip Code

22201-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
C F T C

Occupation

ATTORNEY

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: C164360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William E. Peterson

Mailing Address 12500 Fair Lakes Circle
Suite 400

City

Fairfax

State

VA

Zip Code

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peterson Management

Occupation

CFO

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: C164143

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hattie Barker

Mailing Address 321 S. Lee St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C164474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Robert Zelnick

Mailing Address 3303 Mill Cross Ct

City	State	Zip Code
Oakton	VA	22124

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired
 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: C164353

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J. H. Holleman

Mailing Address 2200 Sandfiddler Rd

City	State	Zip Code
Virginia Beach	VA	23456-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired
 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: C164177

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Peter J. Zuur

Mailing Address 10 Weston Dr

City	State	Zip Code
Staunton	VA	24401-2268

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCSB, covingtonOccupation
Retired
 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: C164389

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Whitney C Fuller

Mailing Address 1948 Hopewood Dr

City	State	Zip Code
Falls Church	VA	22043

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C164302

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bevill M. Dean

Mailing Address 6000 Saint Andrews Ln

City	State	Zip Code
Richmond	VA	23226-3211

FEC ID number of contributing
federal political committee.**C**Name of Employer
City of Richmond, VAOccupation
Clerk of Circuit Court

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C163892

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Fred W. Hudson

Mailing Address PO Box 84

City	State	Zip Code
Free Union	VA	22940-0084

FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
Retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Transaction ID: C164562

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Marilyn W Hickey

Mailing Address 709 N Frederick St

City State Zip Code
Arlington VA 22203-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Civil Leader

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C165997

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Claus Marzen

Mailing Address 9125 Glenbrook Road

City State Zip Code
Fairfax VA 22031

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Government

Occupation
Employee

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: C164593

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. George Michael Feldman

Mailing Address 451 Dover Knoll Rd

City State Zip Code
Manakin Sabot VA 23103-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept. of Veterans Affairs

Occupation
Physician

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C164433

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Robert S. Ripley

Mailing Address PO BOX 2506

City State Zip Code
 Roanoke VA 24010-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: C164050

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Leon Ellsworth

Mailing Address 4141 N Handelson Rd
 #225

City State Zip Code
 Arlington VA 22203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C164494

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Melissa M Bondi

Mailing Address 156 A N Bedford Street

City State Zip Code
 Arlington VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Civic Activist

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.93

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C163933

Amount of Each Receipt this Period

355.93

SUBTOTAL of Receipts This Page (optional)

855.93

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Herbert O. Funsten

Mailing Address 116 Mill Neck Rd

City State Zip Code
Williamsburg VA 23185

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C163885

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Charles Nolen Price

Mailing Address 4800

City State Zip Code
Alexandria VA 22311-5056

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C163937

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Jane Brown Foster

Mailing Address 6 Gildersleeve Wood

City State Zip Code
Charlottesville VA 22903-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For: 2006

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Transaction ID: C164223

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Lisa Claire Dwoskin Mailing Address 9302 Lee Highway Suite 300 City State Zip Code Mc Lean VA 22101-1837 FEC ID number of contributing federal political committee. C Name of Employer Occupation Homemaker Accountant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: C164088 Amount of Each Receipt this Period 10000.00
B. Full Name (Last, First, Middle Initial) John W Nields, Jr. Mailing Address 1023 Pine Hill Rd City State Zip Code Mc Lean VA 22101-2241 FEC ID number of contributing federal political committee. C Name of Employer Occupation Howrey & Simon Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: C163922 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Patricia S Ticer Mailing Address 512 Prince St City State Zip Code Alexandria VA 22314-3116 FEC ID number of contributing federal political committee. C Name of Employer Occupation Commonwealth of Virginia General Assembly Member Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: C164490 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

10600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 743

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Norton W. Hurd

Mailing Address PO Box 190

City	State	Zip Code
Deltaville	VA	23043-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired
 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Transaction ID: C164594

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Jack Molenkamp

Mailing Address 1908 Lakenwoods Drive

City	State	Zip Code
Bumpass	VA	23024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunton & WilliamsOccupation
Attorney
 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Transaction ID: C164248

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

John Wingard

Mailing Address 4065 22nd St N

City	State	Zip Code
Arlington	VA	22207-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Dept of Housing & Urban
Dev.Occupation
Attorney
 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	6

Transaction ID: C164028

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) N. Leslie Saunders, Jr. Mailing Address 4537 Wellington Farms Drive City State Zip Code Chester VA 23831-1203 FEC ID number of contributing federal political committee. C Name of Employer Saunders, Cary & Patterson Occupation Lawyer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C164580 Amount of Each Receipt this Period 150.00
B. Full Name (Last, First, Middle Initial) Catherine G. Peaslee Mailing Address 307A 2nd St NW City State Zip Code Charlottesville VA 22902-5011 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C164572 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Edith Ramaley Wilson Mailing Address 2804 Farm Rd City State Zip Code Alexandria VA 22302-2404 FEC ID number of contributing federal political committee. C Name of Employer World Bank Occupation Public Affairs Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C164586 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Alan R Hunt

Mailing Address PO Box 26

City State Zip Code
 Chincoteague Islan VA 23336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: C164700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dorothy P Egelhoff

Mailing Address 7835 Marilea Rd

City State Zip Code
 Richmond VA 23225-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: C164247

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Constance R McAdam

Mailing Address 3800 Fairfax Dr

City State Zip Code
 Arlington VA 22203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C163835

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 743

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Jason Glenn Hopkins

Mailing Address 5670 Tower Hill Circle

City State Zip Code
 Alexandria VA 22315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hopkins House

Occupation
Fundraiser/Educator

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C164470

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Eric Payne

Mailing Address 3320 Hanover Ave

City State Zip Code
 Richmond VA 23221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.45

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: C166023

Amount of Each Receipt this Period

566.45

Full Name (Last, First, Middle Initial)

C. Suchada V. Langley

Mailing Address 2435 Flint Hill Rd

City State Zip Code
 Vienna VA 22181-5448

FEC ID number of contributing
federal political committee.

C

Name of Employer
USDA

Occupation
Economist

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1780.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C163888

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

966.45

TOTAL This Period (last page this line number only)

60067.38

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 743

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Democratic National Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C C00010603

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373275.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Transaction ID: C164391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C C00010603

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373275.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: C163859

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. Democratic National Committee

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C C00010603

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373275.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: C163858

Amount of Each Receipt this Period

38621.40

SUBTOTAL of Receipts This Page (optional)

88871.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 743

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
 Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 373275.11

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: C163857

Amount of Each Receipt this Period

4514.71

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
 Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 373275.11

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: C164630

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
 Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 373275.11

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C164160

Amount of Each Receipt this Period

50000.00

SUBTOTAL of Receipts This Page (optional)

55514.71

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 743

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Democratic National Committee

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
373275.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: C164162

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
373275.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	6

Transaction ID: C164320

Amount of Each Receipt this Period

40000.00

Full Name (Last, First, Middle Initial)

C. Arlington Democratic Joint Federal Campaign

Mailing Address 4620 Lee Hwy Ste 214

City	State	Zip Code
Arlington	VA	22207-3400

FEC ID number of contributing federal political committee. **C** C00406041

Name of Employer Occupation

 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
16491.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: C163926

Amount of Each Receipt this Period

1588.00

SUBTOTAL of Receipts This Page (optional)

51588.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 743

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Arlington Democratic Joint Federal Campaign

Mailing Address 4620 Lee Hwy Ste 214

City State Zip Code
Arlington VA 22207-3400

FEC ID number of contributing
federal political committee. **C** C00406041

Name of Employer Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16491.46

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C163927

Amount of Each Receipt this Period

1231.25

Full Name (Last, First, Middle Initial)

B. Arlington Democratic Joint Federal Campaign

Mailing Address 4620 Lee Hwy Ste 214

City State Zip Code
Arlington VA 22207-3400

FEC ID number of contributing
federal political committee. **C** C00406041

Name of Employer Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16491.46

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C163934

Amount of Each Receipt this Period

154.10

Full Name (Last, First, Middle Initial)

C. Arlington Democratic Joint Federal Campaign

Mailing Address 4620 Lee Hwy Ste 214

City State Zip Code
Arlington VA 22207-3400

FEC ID number of contributing
federal political committee. **C** C00406041

Name of Employer Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16491.46

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: C164153

Amount of Each Receipt this Period

6000.00

SUBTOTAL of Receipts This Page (optional)

7385.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 743

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Virginia Victory 2006

Mailing Address 607 14th St NW
8th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00427906

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58032.46

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: C164029

Amount of Each Receipt this Period

13500.00

Full Name (Last, First, Middle Initial)

B. Virginia Victory 2006

Mailing Address 607 14th St NW
8th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00427906

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58032.46

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: C164707

Amount of Each Receipt this Period

9000.00

Full Name (Last, First, Middle Initial)

C. Virginia Victory 2006

Mailing Address 607 14th St NW
8th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00427906

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58032.46

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: C164184

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

32500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 743

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Virginia Victory 2006Mailing Address 607 14th St NW
8th Floor

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.**C** C00427906

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58032.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

Transaction ID: C164141

Amount of Each Receipt this Period

2432.46

B. Full Name (Last, First, Middle Initial)
Fairfax County Democratic CommitteeMailing Address 2815 Hartland Road
Suite 110

City	State	Zip Code
Falls Church	VA	22043

FEC ID number of contributing
federal political committee.**C** C00277541

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	6

Transaction ID: C164182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2932.46

TOTAL This Period (last page this line number only)

238791.92

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 743

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUC

Mailing Address 25 Louisiana Ave. NW

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: C164030

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Blue Dog Political Action Committee

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: C164157

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
C. SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU CORP)

Mailing Address 1313 L Street NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1595.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: C164082

Amount of Each Receipt this Period

1595.00

SUBTOTAL of Receipts This Page (optional)

8595.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 743

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. FRIENDS OF HILLARY

Full Name (Last, First, Middle Initial)

Mailing Address 1717 K STREET NW SUITE 309A

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00358895

Name of Employer Occupation

 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: C164321

Amount of Each Receipt this Period

5000.00

B. DOLLARS FOR DEMOCRATS UNITEMIZED

Full Name (Last, First, Middle Initial)

Mailing Address 430 South Capitol St. SE Suite 300
Suite 300

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing federal political committee. **C** C00073791

Name of Employer Occupation

 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
379435.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: C163852

Amount of Each Receipt this Period

50000.00

C. DOLLARS FOR DEMOCRATS UNITEMIZED

Full Name (Last, First, Middle Initial)

Mailing Address 430 South Capitol St. SE Suite 300
Suite 300

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing federal political committee. **C** C00073791

Name of Employer Occupation

 Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼
379435.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	6

Transaction ID: C163935

Amount of Each Receipt this Period

40000.00

SUBTOTAL of Receipts This Page (optional)

95000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 743

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Hoyer for Congress Committee

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C163854

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)

Progressive Patriots Committee

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: C163924

Amount of Each Receipt this Period

3000.00

C. Full Name (Last, First, Middle Initial)

Ameripac-The Fund for a Greater America

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: C163853

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 743

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. HURST FOR CONGRESS INC.

Mailing Address 8643 IVY MINT COURT

City State Zip Code
 SPRINGFIELD VA 22153

FEC ID number of contributing
federal political committee. **C** C00410852

Name of Employer Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2297.79

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C163932

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

B. HURST FOR CONGRESS INC.

Mailing Address 8643 IVY MINT COURT

City State Zip Code
 SPRINGFIELD VA 22153

FEC ID number of contributing
federal political committee. **C** C00410852

Name of Employer Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2297.79

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C163930

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

C. United Mine Workers of America

Mailing Address 8315 Lee Hwy
 5th Floor

City State Zip Code
 Fairfax VA 22031-2215

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: C164181

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 743

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) HOPEFUND		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 607 14TH STREET NW SUITE 800		Transaction ID: C164086
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00409052		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1625 L STREET NW		Transaction ID: C163938
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00011114		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Honeywell International Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address		Transaction ID: C163855
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 743

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 815 16th Street N.W.

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 7	/	2 0 0 6

Transaction ID: C164706

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
B. New Leadership for America

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 3	/	2 0 0 6

Transaction ID: C163939

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Leadership in the New Century

Mailing Address 818 Connecticut Ave, NW
Suite 1100

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	3 0	/	2 0 0 6

Transaction ID: C164064

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 743

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVENUE NW

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C** C70001516

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 7	/	2 0 0 6

Transaction ID: C164704

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
B. EMILY'S LIST

Mailing Address 1120 Connecticut Avenue NW
Ste 1100

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 3	/	2 0 0 6

Transaction ID: C163940

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Forward Together Pac

Mailing Address 201 North Union Street
Suite 350

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee. **C** C00412791

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 1	/	0 1	/	2 0 0 6

Transaction ID: C164180

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 743

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C164589

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

168015.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 743

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Alexandria Democratic Committee

Mailing Address 618 N Washington St

City State Zip Code
 Alexandria VA 22314-1914

FEC ID number of contributing
federal political committee. **C** C00402628

Name of Employer Occupation
 Party Committee

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1413.71

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C163929

Amount of Each Receipt this Period

79.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Cmte.

Mailing Address 430 S Capitol St SE

City State Zip Code
 Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 890000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: C164709

Amount of Each Receipt this Period

75000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Cmte.

Mailing Address 430 S Capitol St SE

City State Zip Code
 Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 890000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: C164710

Amount of Each Receipt this Period

75000.00

SUBTOTAL of Receipts This Page (optional)

150079.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 743

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Cmte.

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
890000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: C164712

Amount of Each Receipt this Period

150000.00

B. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Cmte.

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
890000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C164713

Amount of Each Receipt this Period

90000.00

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Cmte.

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
890000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: C164714

Amount of Each Receipt this Period

225000.00

SUBTOTAL of Receipts This Page (optional)

465000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 743

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Cmte.

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
890000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: C164717

Amount of Each Receipt this Period

50000.00

B. Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
373275.11

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: C164716

Amount of Each Receipt this Period

68889.00

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capital Street, SE, 2nd

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
85000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C164711

Amount of Each Receipt this Period

75000.00

SUBTOTAL of Receipts This Page (optional)

193889.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 743

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitoal Street, SE, 2nd

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C164715

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

818968.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 743

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Peter D. Hart Research Associates Inc.

Mailing Address 1724 Connecticut Ave NW

City	State	Zip Code
Washington	DC	20009-1183

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: C164298

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Benenson Strategy Group

Mailing Address 14 East 60th St

City	State	Zip Code
New York	NY	10022

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: C164154

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

C. Predicted List, LLCMailing Address 1101 14th Street NW
3rd Floor

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1595.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: C164290

Amount of Each Receipt this Period

1595.00

SUBTOTAL of Receipts This Page (optional)

3495.00

TOTAL This Period (last page this line number only)

3495.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 743

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Commonwealth of Virginia

Mailing Address Department of Taxation
PO Box 658City State Zip Code
Richmond VA 23218FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33087.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	6

Transaction ID: C164742

Amount of Each Receipt this Period

800.85

B. Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address 100 N Main Street

City State Zip Code
Winston Salem NC 27150-0001FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Transaction ID: C164718

Amount of Each Receipt this Period

320.11

SUBTOTAL of Receipts This Page (optional)

1120.96

TOTAL This Period (last page this line number only)

1120.96

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 743

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Direct Line Politics

Mailing Address 107 Oronoco Street
Suite 100

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31754

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12070.16

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31609

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D33130

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2510.67

SUBTOTAL of Disbursements This Page (optional)

15180.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 743

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D33131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2510.67

Full Name (Last, First, Middle Initial)

B. Bjorklund Communications

Mailing Address 3022 Sylvan Drive

City Falls Church State VA Zip Code 22042

Purpose of Disbursement
Bulldozer Cards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31633

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7704.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D33133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

69.14

SUBTOTAL of Disbursements This Page (optional)

10283.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 743

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Wachovia

Mailing Address 100 N Main Street

City Winston Salem State NC Zip Code 27150-0001

Purpose of Disbursement
Debit Card Merchant Charges

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31678

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

31.20

Full Name (Last, First, Middle Initial)

B. Wachovia

Mailing Address 100 N Main Street

City Winston Salem State NC Zip Code 27150-0001

Purpose of Disbursement
Debit Card Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31689

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

39.00

Full Name (Last, First, Middle Initial)

C. David John Mills

Mailing Address 2300 East Cary Street
Apartment #523

City Richmond State VA Zip Code 23223

Purpose of Disbursement
Beverage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31623

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

64.80

SUBTOTAL of Disbursements This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 743

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Adam Goers

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Fundraiser Expense Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Amount of Each Disbursement this Period

210.87

SUBTOTAL of Disbursements This Page (optional)

210.87

TOTAL This Period (last page this line number only)

25810.51

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Media Strategies & Research

Mailing Address 1580 Lincoln St Ste 510

City State Zip Code
Denver CO 80203-1507

Purpose of Disbursement
In-kind - Media Buy/Feder for Congress

Candidate Name
Judy Feder

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Transaction ID: D33844

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

5000.00

In-kind

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Bob Thompson

Mailing Address 1327 Merrie Ridge Road

City State Zip Code
Mc Lean VA 22101

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31651

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

2900.00

SUBTOTAL of Disbursements This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

2900.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. BrittanyRhodes

Mailing Address 144 Garrett Drive

City Hampton State VA Zip Code 23669

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31979

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. BrandyDavis

Mailing Address 6129 Jefferson Ave

City Newport News State VA Zip Code 23605

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. TerrenceLittle

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32055

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) PhyllisLevisy		Transaction ID: D32143 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 5709 Surray Ave		Amount of Each Disbursement this Period <div>80.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) CliffordBarnett		Transaction ID: D32479 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 2803 Willows Arch		Amount of Each Disbursement this Period <div>160.00</div>	
City Chesapeake State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) MauriceScott		Transaction ID: D31876 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>	
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>300.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TamekaKnight Full Name (Last, First, Middle Initial) Mailing Address 534 C 21st City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32140 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 80.00 Category/Type
B. TamekaKnight Full Name (Last, First, Middle Initial) Mailing Address 534 C 21st City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32139 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 80.00 Category/Type
C. AliciaLove Full Name (Last, First, Middle Initial) Mailing Address 1419 Mellwood Ct. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32758 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 40.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. YillaSmith Full Name (Last, First, Middle Initial) Mailing Address 649 E. Leicester Ave. Apt. B9 City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32637 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
B. RaashidaMuhammad Full Name (Last, First, Middle Initial) Mailing Address 1120 25th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31972 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Patricia Williford Full Name (Last, First, Middle Initial) Mailing Address 1105 Mosby Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32697 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RamariClyburn		Transaction ID: D32398 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545 Adams Drive Apt 1B		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23601	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Chela Laws		Transaction ID: D32244 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3641 Sharpley Lane		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) NatalieClark		Transaction ID: D32108 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 7123 Polegreen Rd.		Amount of Each Disbursement this Period <div>80.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Lauren Marshuk Full Name (Last, First, Middle Initial) Mailing Address 3148 Barbour Dr City Willis Wharf State VA Zip Code 23486 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31722 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 45.00
B. BrittanyJonson Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32048 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
C. TanyaWilliams Full Name (Last, First, Middle Initial) Mailing Address 1114 Alcindor Rd. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32328 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		241.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShirleyRouse		Transaction ID: D32374 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 111 Mosby St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) PamCernjul		Transaction ID: D32447 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 920 Queen Elizabeth Drive		Amount of Each Disbursement this Period <div>120.00</div>	
City Virginia Beach	State VA		Zip Code 23452
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MarilynOlds		Transaction ID: D32687 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3308 Nine Mile Rd.		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) PhilipBell		Transaction ID: D31813 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1029 Greystone Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23224	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) JermonStokes		Transaction ID: D32194 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 807 W. Broad Street		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) MikeDesantas		Transaction ID: D32185 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 500 Frist Campus Center		Amount of Each Disbursement this Period <div>100.00</div>	
City Princeton State NJ Zip Code 8544	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>260.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TmothyWashington Full Name (Last, First, Middle Initial) Mailing Address 635 - 50th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31996 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. KeyonnaFleetwood Full Name (Last, First, Middle Initial) Mailing Address 6435 Wellington Street City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32225 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. RashadNeal Full Name (Last, First, Middle Initial) Mailing Address 8221 Whistler Road City Richmond State VA Zip Code 23227 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32061 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		256.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Joshua Brandwein		Transaction ID: D31727 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	6													
Mailing Address 1472 Mill Landing Road		Amount of Each Disbursement this Period <table border="1"> <tr> <td>45.00</td> </tr> </table>	45.00																			
45.00																						
City Virginia Beach State VA Zip Code 23457																						
Purpose of Disbursement GOTV Stipend																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) JonahPerlin		Transaction ID: D32097 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 1639 Frist Campus Center		Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.00</td> </tr> </table>	76.00																			
76.00																						
City Princeton State VA Zip Code 8544																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) HoraceRoss		Transaction ID: D32266 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 3704 Elkhorn Ave., # A		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Norfolk State VA Zip Code 23324																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>241.00</td> </tr> </table>	241.00																			
241.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. GregSanlon Full Name (Last, First, Middle Initial) Mailing Address 1809 E. Main St. Apt. B City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32565 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 190.00
B. MauriceRobinson Full Name (Last, First, Middle Initial) Mailing Address 2521 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32748 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
C. OrlandoLewis Full Name (Last, First, Middle Initial) Mailing Address 544 C 14th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32567 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 200.00
SUBTOTAL of Disbursements This Page (optional)		430.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MarcusBrownlee Full Name (Last, First, Middle Initial) Mailing Address 200 Majestic Ct. Apt 301 City Newport News State VA Zip Code 23606 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31925 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. Levar M Stoney Full Name (Last, First, Middle Initial) Mailing Address 4012 Forest Hill Ave. APT 18 City Richmond State VA Zip Code 23225 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31662 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 1264.28
C. Levar M Stoney Full Name (Last, First, Middle Initial) Mailing Address 4012 Forest Hill Ave. APT 18 City Richmond State VA Zip Code 23225 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31750 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1264.28

SUBTOTAL of Disbursements This Page (optional)

2588.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ChandaJackson		Transaction ID: D32424 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 813 23rd Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<input type="checkbox"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Wampold Strategies		Transaction ID: D31641 Date of Disbursement <div> <div>10</div> <div>25</div> <div>2006</div> </div>	
Mailing Address 216 11th St SE		Amount of Each Disbursement this Period <div>44622.60</div>	
City Washington State DC Zip Code 20003	Purpose of Disbursement Exempt Candidate Mail/Webb VA Senate Candidate Name	<input type="checkbox"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) AlphonsoDale Jr.		Transaction ID: D32404 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1103 James Drive		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23605	Purpose of Disbursement GOTV Worker Candidate Name	<input type="checkbox"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

44862.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) GiovanniWiliford		Transaction ID: D31901 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1714 Jacquelyn St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23222	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) JulienEley		Transaction ID: D31939 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 839 25th Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Winning Directions		Transaction ID: D31683 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2006</div> </div>	
Mailing Address 1366 San Mateo Avenue		Amount of Each Disbursement this Period <div>6917.88</div>	
City South San Francisc State CA Zip Code 94080	Purpose of Disbursement GOTV Call Set-up Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

7037.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShareaseMcCallum		Transaction ID: D31970 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545 17th Street Apt C		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Amy Reger		Transaction ID: D31660 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div>	
Mailing Address 4220 Pickett Street Box 225		Amount of Each Disbursement this Period <div>1914.65</div>	
City The Plains State VA Zip Code 20198	Purpose of Disbursement Payroll Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Amy Reger		Transaction ID: D31747 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2006</div> </div>	
Mailing Address 4220 Pickett Street Box 225		Amount of Each Disbursement this Period <div>1914.65</div>	
City The Plains State VA Zip Code 20198	Purpose of Disbursement Payroll Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

3889.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) L.Fousch		Transaction ID: D32733 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>20.00</div>	
City Chester State VA Zip Code 23831	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) AntoinetteHarris		Transaction ID: D31946 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3017 Williams Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Alexandria Price		Transaction ID: D32013 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4464 Kidder Dr.		Amount of Each Disbursement this Period <div>60.00</div>	
City Virginia Beach State VA Zip Code 23462	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>140.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
JeremiahWiggins

Mailing Address 534#C 21st

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32569

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B. Full Name (Last, First, Middle Initial)
LaurieWallmark

Mailing Address 1 Country Club Drive

City Ringoes State NJ Zip Code 8511

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

C. Full Name (Last, First, Middle Initial)
Billie Marshall

Mailing Address 2224 Sandy Woods Lane

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31715

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. NickeaHunter Full Name (Last, First, Middle Initial) Mailing Address 97 F 28th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32423 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. Alphonso Dale Full Name (Last, First, Middle Initial) Mailing Address 1103 James Drive City Newport News State VA Zip Code 23605 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31780 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 600.00
C. Donte'Adamson Full Name (Last, First, Middle Initial) Mailing Address 1002 Horne Ave. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32286 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		840.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. AshleySaunders

Mailing Address 208 Wynn Street

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32267

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. ChinastyDuck

Mailing Address 801 Lassiter Drive

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31938

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. MoeshaClyburn

Mailing Address 1106 78th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32397

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Doug Rhoades

Mailing Address 2313 B Westwood Ave.

City Richmond State VA Zip Code 23230

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32150

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. Shonda Copeland

Mailing Address 1068 Alexander Lane

City Chesapeake State VA Zip Code 23322

Purpose of Disbursement
Canvassing Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31593

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

C. Donna Thornton

Mailing Address 830 27th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32532

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AllenSmallwood		Transaction ID: D32378 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 841 Circlewood Dr.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Krystle David		Transaction ID: D31596 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2006</div> </div>	
Mailing Address 5805 Burrell Ave		Amount of Each Disbursement this Period <div>260.00</div>	
City Norfolk State VA Zip Code 23518	Purpose of Disbursement Canvassing Stipend Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Geoff Spivey		Transaction ID: D32609 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2209 Lynx Drive		Amount of Each Disbursement this Period <div>510.00</div>	
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>890.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. JosephCosby Full Name (Last, First, Middle Initial) Mailing Address 1904 Redd St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31825 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. AngelaMitchell Full Name (Last, First, Middle Initial) Mailing Address 9312 Baumont St. City Norfolk State VA Zip Code 23503 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32011 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. MichaelJohnson Full Name (Last, First, Middle Initial) Mailing Address 2533 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32360 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) MichaelJohnson		Transaction ID: D32039 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2533 Bethel St.		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) MichaelJohnson		Transaction ID: D31796 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2533 Bethel St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) RobinLee		Transaction ID: D32706 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 50 Tupelo Circle		Amount of Each Disbursement this Period <div>20.00</div>	
City Hampton State VA Zip Code 23666	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. DeAndreBarnes

Mailing Address 2216 Jefferson Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. ChristinaMitchell

Mailing Address 100 N Lincoln St.

City Hampton State VA Zip Code 23669

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Annette Bullock

Mailing Address 1823 N. 29th Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32674

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LaDonyaWinston		Transaction ID: D32604 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1045 West 37th St.		Amount of Each Disbursement this Period <div>420.00</div>	
City Norfolk State VA Zip Code 23508	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) JermarioSpruill		Transaction ID: D31988 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 707 LaSalle Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Hampton State VA Zip Code 23667	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Strategic Services		Transaction ID: D31648 Date of Disbursement <div> <div>10</div> <div>27</div> <div>2006</div> </div>	
Mailing Address 6495 English Ivy Court		Amount of Each Disbursement this Period <div>1975.00</div>	
City Springfield State VA Zip Code 22152	Purpose of Disbursement Polling	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2455.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. EricaWalton Full Name (Last, First, Middle Initial) Mailing Address 1600 Richmond Ave. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32326 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. WestlyYoung Full Name (Last, First, Middle Initial) Mailing Address 1935 Repp Circle City Highland Springs State VA Zip Code 23075 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31912 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. MichaelWortham Full Name (Last, First, Middle Initial) Mailing Address 68 Continental Drive City Hampton State VA Zip Code 23669 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32163 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 90.00

SUBTOTAL of Disbursements This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SonyaBoston		Transaction ID: D32289 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2413 Aspin St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Adisa Muse		Transaction ID: D31751 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2006</div> </div>	
Mailing Address 116 So Plains Dr		Amount of Each Disbursement this Period <div>1950.00</div>	
City Petersburg State VA Zip Code 23805	Purpose of Disbursement GOTV Consulting Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) ThomasCunningham		Transaction ID: D31931 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 801 Lassiter Dr.		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2130.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. JakariBarnes Full Name (Last, First, Middle Initial) Mailing Address 16 Ridley Circle City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31916 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. MalaikNelms Full Name (Last, First, Middle Initial) Mailing Address 719 Woodfin Road City Newport News State VA Zip Code 23605 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32529 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
C. GailClyburn Full Name (Last, First, Middle Initial) Mailing Address 545 Adams Drive Apt 1B City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32573 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 240.00

SUBTOTAL of Disbursements This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) MaxGriffith		Transaction ID: D32084 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address Emmitt Hall, UVA		Amount of Each Disbursement this Period <div>76.00</div>
City Charlottesville	State Zip Code VA 23093	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) MaxGriffith		Transaction ID: D32195 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address Emmitt Hall, UVA		Amount of Each Disbursement this Period <div>100.00</div>
City Charlottesville	State Zip Code VA 23093	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Taryan Scott		Transaction ID: D32440 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1808 Terminal Ave		Amount of Each Disbursement this Period <div>120.00</div>
City Newport News	State Zip Code VA 23607	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>296.00</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. GregoryDavis Full Name (Last, First, Middle Initial) Mailing Address 1712 Brookfield Rd. City Richmond State VA Zip Code 23222 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32109 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. MarquieRobinson Full Name (Last, First, Middle Initial) Mailing Address 3400 Brandywine Dr. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32322 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. EbonyPicott Full Name (Last, First, Middle Initial) Mailing Address 651 21st Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32434 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. RobinLee Full Name (Last, First, Middle Initial) Mailing Address 50 Tupelo Circle City Hampton State VA Zip Code 23666 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32142 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. TaronStubbs Full Name (Last, First, Middle Initial) Mailing Address 1500 N Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32169 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
C. RikkiCarter Full Name (Last, First, Middle Initial) Mailing Address 3500 Delaware Ave. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31820 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		240.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) NicoleElliott		Transaction ID: D32502 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3400 Brandywine Dr.		Amount of Each Disbursement this Period <div>160.00</div>
City Chesapeake	State VA Zip Code 23324	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
B. Full Name (Last, First, Middle Initial) RolandBradby		Transaction ID: D32672 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1607 Tyler St.		Amount of Each Disbursement this Period <div>20.00</div>
City Richmond	State VA Zip Code 23223	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
C. Full Name (Last, First, Middle Initial) LevarStoney		Transaction ID: D32587 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4012 Forrest Hill Ave. Apt. 18		Amount of Each Disbursement this Period <div>300.00</div>
City Richmond	State VA Zip Code 23225	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)

480.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Shelia Bowser Full Name (Last, First, Middle Initial) Mailing Address 2726 High St. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32497 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
B. Tammy Jenkins Full Name (Last, First, Middle Initial) Mailing Address 1332 Tree Ridge Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32118 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
C. Kristine Jones Full Name (Last, First, Middle Initial) Mailing Address 312 E. Broad Street City Richmond State VA Zip Code 23219 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32094 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		316.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShameccaClyburn		Transaction ID: D32401 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1706 Terminal Ave		Amount of Each Disbursement this Period <div>120.00</div>
City Newport News	State VA Zip Code 23607	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LytonyaEchols		Transaction ID: D32486 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address P.O. Box 7813		Amount of Each Disbursement this Period <div>160.00</div>
City Norfolk	State VA Zip Code 23324	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) RoniGonzalez		Transaction ID: D32230 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1336 Rement Road		Amount of Each Disbursement this Period <div>120.00</div>
City Norfolk	State VA Zip Code 23324	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Direct Line Politics

Mailing Address 107 Oronoco Street
Suite 100

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Exempt Mail Program/Webb VA Senate

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31781

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2060.48

Full Name (Last, First, Middle Initial)

B. BilalAbdullah

Mailing Address 2101 Jefferson Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32654

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. DashiellCaffee, Jr.

Mailing Address 2851 Colchester Cresc.

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32214

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

2220.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SherrieHenry		Transaction ID: D32027 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) LateishaScott		Transaction ID: D31875 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2345 Selden St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) DerekPollas		Transaction ID: D32075 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1675 Frist Campus Center		Amount of Each Disbursement this Period <div>76.00</div>	
City Princeton	State NJ		Zip Code 8544
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>212.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. BrendaHoward Full Name (Last, First, Middle Initial) Mailing Address 3905 Coral Maple Ct. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32308 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. SandraWebster Full Name (Last, First, Middle Initial) Mailing Address 2223 Creighton Rd City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31900 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. BenEaster Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32186 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KadeeGray		Transaction ID: D32413 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5935 Marshall Ave		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) HubbardBrown		Transaction ID: D31817 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5217 Campbell Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23231
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) StarneciaTaylor		Transaction ID: D32382 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1102 Williamsburg Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23231
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>300.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CurtisHuff		Transaction ID: D31798 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 107 West Broad St. Apt. 410		Amount of Each Disbursement this Period <div>50.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ClaireCoker		Transaction ID: D32044 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) xpedex Stores Division		Transaction ID: D31773 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2006</div> </div>
Mailing Address PO Box 34748		Amount of Each Disbursement this Period <div>437.15</div>
City Richmond State VA Zip Code 23234-0748		
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

563.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShermanCotman		Transaction ID: D32347 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 2221 Fairfield Ave.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Richmond State VA Zip Code 23223																						
Purpose of Disbursement GOTV Worker	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) BrandonPoulson		Transaction ID: D32435 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 50 Tupelo Cir		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Hampton State VA Zip Code 23666																						
Purpose of Disbursement GOTV Worker	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) BrittanyStewart		Transaction ID: D32062 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.00</td> </tr> </table>	76.00																			
76.00																						
City Richmond State VA Zip Code 23220																						
Purpose of Disbursement GOTV Worker	<input type="checkbox"/> Category/ Type																					
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>316.00</td> </tr> </table>	316.00																			
316.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. AnastasiaWaterfield

Mailing Address 2628 Pender Drive

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32017

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. JuwonHarris

Mailing Address 835 B 33rd Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31947

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. MonikaWright

Mailing Address 3007 Turnpike Rd.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. GaryBeauchamp

Mailing Address 2477 Las Brisas Drive

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32154

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. SylviaPoindexter

Mailing Address 2821 Poindexter Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32122

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. SylviaPoindexter

Mailing Address 2821 Poindexter Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32123

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CharlesBoswell		Transaction ID: D32394 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1808 Terminal Ave		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) AnnetteClark		Transaction ID: D32614 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4240 Sedgewyck Circle		Amount of Each Disbursement this Period <div>40.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Andre Walker		Transaction ID: D31895 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1141 Eggleston St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>220.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Amanda Sekerak

Mailing Address 2516 Elson Green Ct

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31716

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. Nicole Nichols

Mailing Address 1305 w 26th St.

City Norfolk State VA Zip Code 23508

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

136.00

Full Name (Last, First, Middle Initial)

C. Nathaniel Watkins

Mailing Address 612 N Hancock St

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32711

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

236.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. RachelEaster Full Name (Last, First, Middle Initial) Mailing Address Watson Hall, UVA City Charlottesville State VA Zip Code 22093 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32192 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
B. MekaOnescu Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32188 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
C. ChristineMiller Full Name (Last, First, Middle Initial) Mailing Address 1322 22nd Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32463 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 140.00

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. VincentRoss Full Name (Last, First, Middle Initial) Mailing Address 490 Orcutt Lane City Richmond State VA Zip Code 23224 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32735 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. NicoleBowser Full Name (Last, First, Middle Initial) Mailing Address 2726 High St. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32290 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. AnnieFant Full Name (Last, First, Middle Initial) Mailing Address 2224 Staples Mill Road City Richmond State VA Zip Code 23230 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32098 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00

SUBTOTAL of Disbursements This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TroyJones

Mailing Address 169 Mytilene Drive

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32655

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. JacquelineWhitaker

Mailing Address 5918 Shasbank Ct

City Richmond State VA Zip Code 23227

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32037

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

C. SharrondaPorter

Mailing Address Tazewell Dr.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32318

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

236.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JoanForbes		Transaction ID: D32349 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2383 Bethel St		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) JoshuaJones		Transaction ID: D32561 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 919 Druid Circle		Amount of Each Disbursement this Period <div>180.00</div>	
City Norfolk	State VA		Zip Code 23504
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) ChrisMorton		Transaction ID: D32096 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1507 Frist Campus Center		Amount of Each Disbursement this Period <div>76.00</div>	
City Princeton	State Va		Zip Code 8544
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

376.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MickeiaHunter Full Name (Last, First, Middle Initial) Mailing Address 97 F 28th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31953 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 60.00
B. George Burke Full Name (Last, First, Middle Initial) Mailing Address 3226 Sleepy Hollow Rd City Falls Church State VA Zip Code 22042-4312 Purpose of Disbursement Grassroots Campaign Materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31622 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 190.28
C. RamonClyburn Full Name (Last, First, Middle Initial) Mailing Address 545 Adams Dr. Apt 1B City Newport News State VA Zip Code 23601 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32539 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 180.00
SUBTOTAL of Disbursements This Page (optional)		430.28
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. ClevelandKelly Full Name (Last, First, Middle Initial) Mailing Address 2103 Jefferson Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32138 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. GladysAlert Full Name (Last, First, Middle Initial) Mailing Address 2124 Crieghton Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31800 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. ElisabethPearson Full Name (Last, First, Middle Initial) Mailing Address 1510 Park Ave. #3 City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32588 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 304.00

SUBTOTAL of Disbursements This Page (optional)

444.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) IreshaPicot		Transaction ID: D32121 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 711 W. Main St.		Amount of Each Disbursement this Period <div>80.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) DevinSmith		Transaction ID: D32177 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Sandy Roane		Transaction ID: D31873 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1710 Texas Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CurtisMitchell		Transaction ID: D32248 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1021 Winward Road		Amount of Each Disbursement this Period <div>120.00</div>
City Norfolk	State VA Zip Code 23324	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
B. Full Name (Last, First, Middle Initial) DevonjaMclemore		Transaction ID: D32071 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond	State VA Zip Code 23220	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
C. Full Name (Last, First, Middle Initial) DonnaThornton		Transaction ID: D32647 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 830 27th Streeet		Amount of Each Disbursement this Period <div>40.00</div>
City Newport News	State VA Zip Code 23607	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)

236.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Jessica Lee		Transaction ID: D32649 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1319 Floyd Ave		Amount of Each Disbursement this Period <div>40.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) KaredaGreen		Transaction ID: D32415 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 534 E. 21st Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) LonnieAnderson		Transaction ID: D31801 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3136 Nine Mile Rd.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. EricaBurton Full Name (Last, First, Middle Initial) Mailing Address 1311 E. Oceanview Ave. Unit E3 City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31791 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. AmandaSekerak Full Name (Last, First, Middle Initial) Mailing Address 2516 Elson Green Ct City Virginia Beach State VA Zip Code 23454 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32586 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 270.00
C. EshleyRichardson Full Name (Last, First, Middle Initial) Mailing Address 1642 Harbor Lane City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31980 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		450.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. MarquitaMcConico

Mailing Address 228 Chowan Trace
Apt. B

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32636

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. LinwoodDeBrew

Mailing Address 2108 Marshall Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32773

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

C. GingerHouck

Mailing Address 1709 Lakeview Ave

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32028

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

181.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AndrewChapman		Transaction ID: D32499 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address P.O. Box 216		Amount of Each Disbursement this Period <div>160.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) BrendaPatillo,Jr.		Transaction ID: D32201 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 506 Roosevelt Blvd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) TonyClark		Transaction ID: D32615 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4240 Sedgewyck Circle		Amount of Each Disbursement this Period <div>40.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JasonHead		Transaction ID: D32579 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2565 Oconee Shores		Amount of Each Disbursement this Period <div>240.00</div>	
City Virginia Beach	State VA		Zip Code 23545
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) ShatonyaHunter		Transaction ID: D32702 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 935 37th Street Apt 7		Amount of Each Disbursement this Period <div>20.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Sharita Knight		Transaction ID: D32243 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address P.O. Box 7813		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. ClevelandLove Full Name (Last, First, Middle Initial) Mailing Address 1311 E. Oceanview Ave. Unit E3 City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32197 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. ValentinoChristian Full Name (Last, First, Middle Initial) Mailing Address 2541 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31822 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. JoyceJohnson Full Name (Last, First, Middle Initial) Mailing Address 2309 Crighton Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 111 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. GailClyburn Full Name (Last, First, Middle Initial) Mailing Address 545 Adams Drive Apt 1B City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32642 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
B. NatalieClark Full Name (Last, First, Middle Initial) Mailing Address 7123 Polegreen Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32675 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. RoyJenkins Full Name (Last, First, Middle Initial) Mailing Address 1262 16th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32462 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 140.00
SUBTOTAL of Disbursements This Page (optional)		200.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 112 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) StephanyJenson		Transaction ID: D32448 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 721 Maralon Drive			
City Virginia Beach	State VA	Zip Code 23464	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) AashjaTaylor		Transaction ID: D32049 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3131 Edgewood Ave			
City Richmond	State VA	Zip Code 23222	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) SamBreslin		Transaction ID: D32092 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address Watson Hall, UVA			
City Charlottesville	State VA	Zip Code 22093	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>272.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 113 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Gary Thompson

Mailing Address 2706 Alexandria Ave.

City Richmond State VA Zip Code 23234

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. Linemark Printing

Mailing Address 1220 Caraway Court
Suite 1040

City Largo State MD Zip Code 20774

Purpose of Disbursement
Absentee Brochure Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5985.30

Full Name (Last, First, Middle Initial)

C. Linemark Printing

Mailing Address 1220 Caraway Court
Suite 1040

City Largo State MD Zip Code 20774

Purpose of Disbursement
Sample Ballot Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6623.40

SUBTOTAL of Disbursements This Page (optional)

12668.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Carlos Smith		Transaction ID: D32451 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 915 Briar Hill Rd.		Amount of Each Disbursement this Period <div>136.00</div>
City Norfolk State VA Zip Code 23502		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Jarnice Walker		Transaction ID: D32803 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 710 South Park Dr.		Amount of Each Disbursement this Period <div>60.00</div>
City Petersburg State VA Zip Code 23805		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) NichelleBrown		Transaction ID: D32212 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 900 Darin Drive		Amount of Each Disbursement this Period <div>120.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>316.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ChristopherStokes

Mailing Address 1500 N Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32034

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. Annette Gill

Mailing Address 1516 Coalter St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. KaliarshaWashington

Mailing Address 521 Mosby St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 116 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. CandiceBeasly

Mailing Address 2601 Kensington Ave.

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31809

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. ShanneyWashington

Mailing Address 2513 Warwick Rd.

City Richmond State VA Zip Code 23224

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31899

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Tiana Burnes

Mailing Address 2322 Rush Street

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32213

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Clark Gray		Transaction ID: D31603 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2006</div> </div>
Mailing Address 71138 Alessandra Drive		Amount of Each Disbursement this Period <div>140.00</div>
City Matteson State IL Zip Code 60443		
Purpose of Disbursement Canvassing Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Clark Gray		Transaction ID: D31731 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>
Mailing Address 71138 Alessandra Drive		Amount of Each Disbursement this Period <div>320.00</div>
City Matteson State IL Zip Code 60443		
Purpose of Disbursement GOTV Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) CarltonCarroll		Transaction ID: D32511 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2613 Edgewood Ave.		Amount of Each Disbursement this Period <div>160.00</div>
City Richmond State VA Zip Code 23222		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>620.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 118 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Micah Knight		Transaction ID: D31586 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2006</div> </div>
Mailing Address 701 Austin Ct APT D		Amount of Each Disbursement this Period <div>510.00</div>
City Newport News State VA Zip Code 23605-2790		
Purpose of Disbursement Canvassing Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Micah Knight		Transaction ID: D31700 Date of Disbursement <div> <div>11</div> <div>03</div> <div>2006</div> </div>
Mailing Address 701 Austin Ct APT D		Amount of Each Disbursement this Period <div>495.00</div>
City Newport News State VA Zip Code 23605-2790		
Purpose of Disbursement GOTV Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) ShirleyDavis		Transaction ID: D32512 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2354 Fairfield Ave.		Amount of Each Disbursement this Period <div>160.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 119 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. CassandraBullock

Mailing Address 1604 N. 28th St

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32741

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. JosephSuddith

Mailing Address 2712 Mulberry Loop

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. SylviaJohnson

Mailing Address 2533 Bethel St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32362

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) IreshaPicot		Transaction ID: D32688 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 711 W. Main St.		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Cardel Patillo		Transaction ID: D31735 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>	
Mailing Address 506 Roosevelt Blvd		Amount of Each Disbursement this Period <div>3000.00</div>	
City Portsmouth	State VA		Zip Code 23701
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MildredChiles		Transaction ID: D31821 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 7923 Capestrano Dr.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23227
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

3080.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. WilliamHenry Full Name (Last, First, Middle Initial) Mailing Address 4240 Sedgewyck Circle City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32234 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. JamesJohnson Full Name (Last, First, Middle Initial) Mailing Address 1813 Moore ST. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32359 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. KensonyuWoods Full Name (Last, First, Middle Initial) Mailing Address 6217 Wendharpe Dr. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32281 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		360.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 122 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Brittany Jackson		Transaction ID: D31954 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 813 23rd Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Jocie Jarman		Transaction ID: D32646 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 132 Garrett Drive		Amount of Each Disbursement this Period <div>40.00</div>	
City Hampton	State VA		Zip Code 23669
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Maurice Browder, Jr.		Transaction ID: D31789 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 537 Cedar Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>220.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 123 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Betsy G. Anderson

Mailing Address 6309 Hanover Ave

City Richmond State VA Zip Code 23226-3002

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31657

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

409.64

Full Name (Last, First, Middle Initial)

B. TimothyBrown

Mailing Address 1014 35th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32698

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. SpondellaWiliford

Mailing Address 1714 Jacquelin St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32521

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

589.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. DannyPlaugher

Mailing Address 1113 Grove Ave.
#3

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. DelmonSpain

Mailing Address 2311 Yorktown Rd

City Richmond State VA Zip Code 23234

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32038

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

C. KrystinaStephens

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

172.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SusanHaskins		Transaction ID: D31842 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2355 Selden St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) TenilleClyburn		Transaction ID: D32570 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 531 19th Street Apt B		Amount of Each Disbursement this Period <div>220.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) TeandreBurnette		Transaction ID: D31818 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 301 40th St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>340.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JordanBrown		Transaction ID: D31922 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2256 Jefferson Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Chris Boothe		Transaction ID: D32056 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) TanecaRiddick		Transaction ID: D32204 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1061 Libertyville St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>256.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JaneMiller		Transaction ID: D32584 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 51 Hopkins St.		Amount of Each Disbursement this Period <div>270.00</div>	
City Newport News State VA Zip Code 23601	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) CharlottePostell		Transaction ID: D32370 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1529 N. 20th St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) NyemaDorsey		Transaction ID: D31936 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 101 Ironbridge Court #303		Amount of Each Disbursement this Period <div>60.00</div>	
City Hampton State VA Zip Code 23663	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>450.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Wynter Walden

Mailing Address 301 Oakhill Rd.

City Petersburg State VA Zip Code 23805

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32801

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. AlexColeman

Mailing Address 808 Bold St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32296

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. VermaStokes

Mailing Address 1511 Jefferson Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32442

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 129 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Postage-Exempt Candidate Mail/Webb

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31642

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

27729.94

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Postage for Sample Ballot

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31644

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

5782.37

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Exempt Candidate Mail Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31674

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3770.63

SUBTOTAL of Disbursements This Page (optional)

37282.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Exempt Candidate Mail Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31675

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

903.13

Full Name (Last, First, Middle Initial)

B. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Exempt Candidate Mail Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31676

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2128.19

Full Name (Last, First, Middle Initial)

C. US Postmaster

Mailing Address Merrifield Postal Store

City Merrifield State VA Zip Code 22081

Purpose of Disbursement
Exempt Candidate Mail Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31677

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

15600.75

SUBTOTAL of Disbursements This Page (optional)

18632.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 131 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JessieRoyster		Transaction ID: D32375 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1012 St. James St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23210
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) MariaAllen		Transaction ID: D32335 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2518 Bethel St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) AubryBrown		Transaction ID: D32396 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 719 Woodfin Road		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23605
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>360.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 132 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TyshonLewis Full Name (Last, First, Middle Initial) Mailing Address 544 22nd St City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31967 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. Chris Wilson Full Name (Last, First, Middle Initial) Mailing Address 1730 Berkley Ave City Norfolk State VA Zip Code 23509 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32455 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 136.00
C. RashedaCaleb Full Name (Last, First, Middle Initial) Mailing Address 1713 Texas Ave. City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31819 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 133 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. KwamaneGlasco Full Name (Last, First, Middle Initial) Mailing Address #2 28 St. West Ave Apt 7-D City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32412 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MarvinHunter Full Name (Last, First, Middle Initial) Mailing Address 535 22nd Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31952 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Valerie Harold Full Name (Last, First, Middle Initial) Mailing Address 2030 N Adams St #1008 City Arlington State VA Zip Code 22201 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31695 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

1180.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 134 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Mary Artis

Mailing Address 1430 Mechanicsville Tpk.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32336

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. ShemeccaWright

Mailing Address 712 Crabapple St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. JesseChadwick

Mailing Address 13 Esther Ave

City Ringoes State NJ Zip Code 8511

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

316.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShanayLeach		Transaction ID: D31857 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2513 Warwick Rd.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23224
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Tara Rabuck		Transaction ID: D31742 Date of Disbursement <div> <div>11</div> <div>06</div> <div>2006</div> </div>	
Mailing Address 2620 Dumbarton Rd		Amount of Each Disbursement this Period <div>3375.00</div>	
City Richmond	State VA		Zip Code 23228
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) JamieWashington		Transaction ID: D31897 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3122 N. 29th St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

3495.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 136 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShawndaCole		Transaction ID: D32218 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2322 Rush Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Landmark Strategies, Inc.		Transaction ID: D31643 Date of Disbursement <div> <div>10</div> <div>26</div> <div>2006</div> </div>	
Mailing Address 1029 N Royal St Ste 350		Amount of Each Disbursement this Period <div>75000.00</div>	
City Alexandria	State VA		Zip Code 22314-5508
Purpose of Disbursement Voter ID Calls			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Landmark Strategies, Inc.		Transaction ID: D33127 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div>	
Mailing Address 1029 N Royal St Ste 350		Amount of Each Disbursement this Period <div>80000.00</div>	
City Alexandria	State VA		Zip Code 22314-5508
Purpose of Disbursement Voter ID Calls			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>155120.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 137 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Byron Nichols		Transaction ID: D32454 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1326 w 26 th st		Amount of Each Disbursement this Period <div>136.00</div>
City Norfolk State VA Zip Code 23508		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LeRhondaPayton		Transaction ID: D32624 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 5944 Lockamy Lane		Amount of Each Disbursement this Period <div>40.00</div>
City Norfolk State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) TonyClark		Transaction ID: D32483 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4240 Sedgewyck Circle		Amount of Each Disbursement this Period <div>160.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>336.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 138 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. WinslowBolton Full Name (Last, First, Middle Initial) Mailing Address 1368 18th St, Apt.B City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31786 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. AliciaLove Full Name (Last, First, Middle Initial) Mailing Address 1419 Mellwood Ct. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32475 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
C. JevinKinard Full Name (Last, First, Middle Initial) Mailing Address 1500 N Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32040 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		356.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 139 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KiannaTaylor		Transaction ID: D31889 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 103 South Lake Dr.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) KashaiaLundy		Transaction ID: D32367 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 104 Spring Forrest Ct. Apt. D			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Lisa West		Transaction ID: D32639 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5815 Frament Ave Apt.104			
City Norfolk	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>40.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ReginaldHudgins

Mailing Address 739 B 18th

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. Kali Matalon

Mailing Address 2512 Las Corrales Ct

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

C. Rasha'dBatts

Mailing Address 2205 Madison Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 141 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Latice Wilikerson		Transaction ID: D32522 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1952 Redd Street		Amount of Each Disbursement this Period <div>160.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) LisaJohnson		Transaction ID: D31854 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) LashaunHudson		Transaction ID: D32174 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. KenishiPickle Full Name (Last, First, Middle Initial) Mailing Address 3704 Elkhorn Ave., # A City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32260 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. SheebaSumpter Full Name (Last, First, Middle Initial) Mailing Address 3514 Bart Street City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32271 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. Blanche Saunders Full Name (Last, First, Middle Initial) Mailing Address 208 Wynn Street City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32494 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
SUBTOTAL of Disbursements This Page (optional)		400.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. OmarYacoubi Full Name (Last, First, Middle Initial) Mailing Address 302 Goshen St, #104 City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32029 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
B. WALTERIAWILLIFORD Full Name (Last, First, Middle Initial) Mailing Address 1714 Jaqueline St. City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31907 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Andrew Hoverman Full Name (Last, First, Middle Initial) Mailing Address 12843 Mount Royal Lane City Fairfax State VA Zip Code 22033 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31752 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional)

1636.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ClaireChapman		Transaction ID: D32650 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 21110 W. Cary St		Amount of Each Disbursement this Period <div>40.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) MiriamMainor		Transaction ID: D32158 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 5828 Hedgeron Circle		Amount of Each Disbursement this Period <div>90.00</div>
City Portsmouth State VA Zip Code 23703		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) JackieMartin		Transaction ID: D32245 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3026 Camelot Blvd.		Amount of Each Disbursement this Period <div>120.00</div>
City Chesapeake State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>250.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JosieWalters		Transaction ID: D32162 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1711 Kingson Ave.			
City Norfolk	State VA	Zip Code 23503	Amount of Each Disbursement this Period <div>90.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) AngelaHarris		Transaction ID: D32644 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3017 Williams St.			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>40.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MarcoMatos		Transaction ID: D32100 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1536 Frist Campus Center			
City Princeton	State VA	Zip Code 8544	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

206.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. WesGlisson Full Name (Last, First, Middle Initial) Mailing Address 302 N. 35th Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32653 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
B. BarbaraArcher Full Name (Last, First, Middle Initial) Mailing Address 2600 Phaup St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32671 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. Antwuan Griffin Full Name (Last, First, Middle Initial) Mailing Address PO Box 27501 City Richmond State VA Zip Code 23261 Purpose of Disbursement GOTV Political Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31696 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 4000.00

SUBTOTAL of Disbursements This Page (optional)

4060.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 147 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KenneshaCherry		Transaction ID: D31928 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 307 Lee Street Apt A			
City Newport News	State VA	Zip Code 23669	Amount of Each Disbursement this Period 60.00
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
B. Full Name (Last, First, Middle Initial) LaRyanScott		Transaction ID: D32439 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1808 Terminal Ave			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period 120.00
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
C. Full Name (Last, First, Middle Initial) ChaseMaher		Transaction ID: D32468 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3250 Sandpiper Rd			
City Virginia Beach	State VA	Zip Code 23456	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 148 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MarciaPrice Full Name (Last, First, Middle Initial) Mailing Address 938 Shore Drive City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32590 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 320.00 Category/Type
B. Geoff Spivey Full Name (Last, First, Middle Initial) Mailing Address 2209 Lynx Dr City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31587 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 425.00 Category/Type
C. Geoff Spivey Full Name (Last, First, Middle Initial) Mailing Address 2209 Lynx Dr City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31701 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 485.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 149 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CardellPatillo,Jr. Mailing Address 506 Roosevelt Blvd. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32476 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>160.00</div>
B. Full Name (Last, First, Middle Initial) SonyaLewis Mailing Address 103 Navajo Trail City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32504 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>160.00</div>
C. Full Name (Last, First, Middle Initial) MarilynOlds Mailing Address 3308 Nine Mile Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32120 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>80.00</div>
SUBTOTAL of Disbursements This Page (optional) ▶		<div>400.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 150 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. MauricePearson

Mailing Address 912 Ridgecliff Dr

City Richmond State VA Zip Code 23224

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32660

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

B. Williamyarbrough

Mailing Address 2516 Bethel St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32389

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Avery Brooks

Mailing Address 3418 E. Clay St

City Richmond State VA Zip Code 23219

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

245.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 151 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) MiaWilson-Olavarria		Transaction ID: D32005 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 900 Taylor Ave			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) MarquiseBrowder		Transaction ID: D31788 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 537 Cedar Rd.			
City Chesapeake	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Rita Royster		Transaction ID: D31600 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2006</div> </div>	
Mailing Address 1428 W 27th St #A			
City Norfolk	State VA	Zip Code 23508	Amount of Each Disbursement this Period <div>220.00</div>
Purpose of Disbursement Canvassing Stipend		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 152 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Rita Royster Mailing Address 1428 W 27th St #A City Norfolk State VA Zip Code 23508 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31713 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period 590.00	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	6													
B. Full Name (Last, First, Middle Initial) RoyaleeneBest Mailing Address 1513 Ivy Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31920 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period 60.00	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
C. Full Name (Last, First, Middle Initial) LaQuayaMitts Mailing Address 528 H 21st Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31971 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period 60.00	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													

SUBTOTAL of Disbursements This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 153 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Annette Gill		Transaction ID: D32680 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 1516 Coalter St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																						
City Richmond State VA Zip Code 23223																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Terrance Miles		Transaction ID: D32153 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 1009 Bowe Place		Amount of Each Disbursement this Period <table border="1"> <tr> <td>90.00</td> </tr> </table>	90.00																			
90.00																						
City Norfolk State VA Zip Code 23505																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Maurice Robinson		Transaction ID: D32516 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 2521 Bethel St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>160.00</td> </tr> </table>	160.00																			
160.00																						
City Richmond State VA Zip Code 23223																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>270.00</td> </tr> </table>	270.00																			
270.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 154 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. DemondWarren

Mailing Address 973 Teal Ct.

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32275

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. CardellPatillo

Mailing Address 1509 Ellington Sq.

City Portsmouth State VA Zip Code 23701

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32658

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. CharlieGarner

Mailing Address 2414 Maplewood Av

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32112

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LeahChadwick		Transaction ID: D32080 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 13 Esther Ave		Amount of Each Disbursement this Period <div>76.00</div>	
City Ewing State NJ Zip Code 8618	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) DanielleWarlick		Transaction ID: D32602 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1065 Piper Place		Amount of Each Disbursement this Period <div>420.00</div>	
City Laurenceville State GA Zip Code 30043	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Robin Richardson		Transaction ID: D32265 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1116 Columnbia Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

616.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 156 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. NahjaePender Full Name (Last, First, Middle Initial) Mailing Address 801 Lassiter Dr. City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31976 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. KellyDuck Full Name (Last, First, Middle Initial) Mailing Address 801 Lassiter Dr. City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32405 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. DanielleGreene Full Name (Last, First, Middle Initial) Mailing Address Hampton University City Hampton State VA Zip Code 23668 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32583 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 270.00
SUBTOTAL of Disbursements This Page (optional)		450.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 157 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. RakimClark Full Name (Last, First, Middle Initial) Mailing Address 2905 2nd Ave. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31823 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. RachelEaster Full Name (Last, First, Middle Initial) Mailing Address Watson Hall, UVA City Charlottesville State VA Zip Code 22093 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32734 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. SylviaPoindexter Full Name (Last, First, Middle Initial) Mailing Address 2821 Poindexter Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32689 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 158 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SylviaPoindexter		Transaction ID: D32690 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2821 Poindexter Street		Amount of Each Disbursement this Period <div>20.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) JazminColeman		Transaction ID: D32297 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 808 Bold St.		Amount of Each Disbursement this Period <div>120.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) BrianaScott		Transaction ID: D32438 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1808 Terminal Ave		Amount of Each Disbursement this Period <div>120.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>260.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 159 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RhondaYoung-Barfield		Transaction ID: D31913 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2215 Fenton St		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23231
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) ShonaBoyd		Transaction ID: D31787 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 316 Killian Ave.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Rita Royster		Transaction ID: D32591 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1431 W. 27th Street		Amount of Each Disbursement this Period <div>330.00</div>	
City Norfolk	State VA		Zip Code 23508
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>510.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. BenEaster Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32728 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. RyanLee Full Name (Last, First, Middle Initial) Mailing Address 50 Tupelo Cir City Hampton State VA Zip Code 23666 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32427 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. P. Wiliford Full Name (Last, First, Middle Initial) Mailing Address 1105 Mosby Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32127 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 161 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DarrionKeeling Full Name (Last, First, Middle Initial) Mailing Address 7856 Woodall Rd. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32242 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MichaelHarris Full Name (Last, First, Middle Initial) Mailing Address 3017 Williams Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32419 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. MaryClark Full Name (Last, First, Middle Initial) Mailing Address 5711 Colter Ct. City Virginia Beach State VA Zip Code 23462 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32558 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 162 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Frank Muhammad Full Name (Last, First, Middle Initial) Mailing Address 255 - B Union Street Apt B City Hampton State VA Zip Code 23669 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32146 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. Catherine Cushenbery Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32081 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
C. Audrey Keeling Full Name (Last, First, Middle Initial) Mailing Address 7856 Woodall Rd. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32241 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 163 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. AlexisTyree-Williams

Mailing Address 3642 Sharpley Lane

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32273

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. JohnWilson

Mailing Address 3330 Nine Mile Rd

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31909

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. ShaneaseDickey

Mailing Address 5409 Berry Hill Road

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32617

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 164 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Jessica Pfefferkorn		Transaction ID: D31589 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 3236 Fluvanna Circle		Amount of Each Disbursement this Period <div>200.00</div>
City Virginia Beach State VA Zip Code 23456		
Purpose of Disbursement Canvassing Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Jessica Pfefferkorn		Transaction ID: D31703 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 6</div> </div>
Mailing Address 3236 Fluvanna Circle		Amount of Each Disbursement this Period <div>310.00</div>
City Virginia Beach State VA Zip Code 23456		
Purpose of Disbursement GOTV Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) KaiaGrant		Transaction ID: D32559 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>
Mailing Address 73 Chestnut Ave.		Amount of Each Disbursement this Period <div>180.00</div>
City Cincinnati State OH Zip Code 45215		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>690.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 165 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LeRhondaPayton		Transaction ID: D32492 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 5944 Lockamy Lane		Amount of Each Disbursement this Period <div>160.00</div>
City Norfolk State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) JakeHolmes		Transaction ID: D32683 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 6255 Warwick Rd		Amount of Each Disbursement this Period <div>20.00</div>
City Richmond State VA Zip Code 23225		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) ElissaHarwood		Transaction ID: D32599 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 808 Bishops Gate Lane		Amount of Each Disbursement this Period <div>420.00</div>
City Virginia Beach State VA Zip Code 23452		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>600.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JamalBryant		Transaction ID: D32292 Date of Disbursement <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>	
Mailing Address 1505 Ellington Sq.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) GlennStarnes		Transaction ID: D32713 Date of Disbursement <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) BrentMcKenzie		Transaction ID: D32536 Date of Disbursement <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y6</div> </div>	
Mailing Address 1400 Brookwood Place		Amount of Each Disbursement this Period <div>170.00</div>	
City Virginia Beach	State VA		Zip Code 23453
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

310.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 167 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ToddPickle

Mailing Address 3704 Elkhorn Ave., # A

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32261

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. ChenaloLewis

Mailing Address 1716 Terminal Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32548

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. BarbaraArcher

Mailing Address 2600 Phaup St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32104

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 168 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
FlorenceSmith

Mailing Address 1813 Westmoore St.

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

B. Full Name (Last, First, Middle Initial)
KevinBattle

Mailing Address 1102 Williamsburg Rd.

City Richmond State VA Zip Code 23231

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32338

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

C. Full Name (Last, First, Middle Initial)
CourtneyMcCay

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 169 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. LakeishaForbes Full Name (Last, First, Middle Initial) Mailing Address 1901 Whitcourt Rd. Apt. 8 City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32350 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MauricePearson Full Name (Last, First, Middle Initial) Mailing Address 912 Ridgecliff Dr City Richmond State VA Zip Code 23224 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32465 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 150.00
C. MarciaPrice Full Name (Last, First, Middle Initial) Mailing Address 938 Shore Drive City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32664 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00

SUBTOTAL of Disbursements This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 170 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) MarcellusBrandon		Transaction ID: D31814 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2125 Cool Lane			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) TowandaGrooms		Transaction ID: D31838 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1901 Whitcourt Apt#8			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) ErickaPhillips		Transaction ID: D31977 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 559A Blue Point Terrace			
City Newport News	State VA	Zip Code 23602	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>180.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 171 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Chynna McCaden		Transaction ID: D32806 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 15901 South Crater Rd.		Amount of Each Disbursement this Period <div>60.00</div>
City Petersburg State VA Zip Code 23805		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) KatherineFarr		Transaction ID: D32612 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3824 Monterrey Court		Amount of Each Disbursement this Period <div>690.00</div>
City Virginia Beach State VA Zip Code 23453		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) OtisDowtin		Transaction ID: D32632 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1718 Hodges Ferry Rd.		Amount of Each Disbursement this Period <div>40.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>790.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 172 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JaykishaFoster		Transaction ID: D32409 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 528 A 19th Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) MichaelAikens		Transaction ID: D32390 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 624 35th Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) DominiqueFulgeon		Transaction ID: D32228 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3029 Camelot Blvd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>360.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 173 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KimRobinson		Transaction ID: D31874 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) MichaelGriesen		Transaction ID: D32050 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 315 N. Adams St		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) RodnellRiddick		Transaction ID: D32203 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2003 Stalham Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>256.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AlfredSmith		Transaction ID: D31879 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4647 Southwood Pwky		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) AliFaruk		Transaction ID: D32019 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1605 Grove Ave		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) LinwoodRadcliffe		Transaction ID: D32436 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 817A 33rd Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 175 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) GregoryDavis		Transaction ID: D32676 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1712 Brookfield Rd.		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23222
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Bryan Taylor		Transaction ID: D31724 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>	
Mailing Address 443 Maryland Ave		Amount of Each Disbursement this Period <div>45.00</div>	
City Norfolk	State VA		Zip Code 23508
Purpose of Disbursement GOTV Stipend			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) TyquanWilkerson		Transaction ID: D31904 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1909 Fairfield Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 176 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. GlennStarnes Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32168 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
B. VanessaGladney Full Name (Last, First, Middle Initial) Mailing Address 517 Taft Dr. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32302 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. BriannaScott Full Name (Last, First, Middle Initial) Mailing Address 1808 Terminal Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31983 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		280.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 177 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. PatriciaMedley Full Name (Last, First, Middle Initial) Mailing Address 538 22nd Street Apt H City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32765 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00
B. AndreaBullock Full Name (Last, First, Middle Initial) Mailing Address 1823 N. 29th St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32341 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. The Baughman Company Full Name (Last, First, Middle Initial) Mailing Address 3106 Filmore St 2nd Floor City San Francisco State CA Zip Code 94123 Purpose of Disbursement Exempt Candidate Mail/Kellam VA 6th Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31650 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 83012.00
SUBTOTAL of Disbursements This Page (optional)		83197.00
TOTAL This Period (last page this line number only)		

	21b		22		23		24		25		26
	27		28a		28b		28c		29	x	30b

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

20.00

76.00

60.00

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Nick Mazarakis Full Name (Last, First, Middle Initial) Nick Mazarakis Mailing Address 8148 Tidal Rd City Norfolk State VA Zip Code 23518 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31588 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 660.00
B. Nick Mazarakis Full Name (Last, First, Middle Initial) Nick Mazarakis Mailing Address 8148 Tidal Rd City Norfolk State VA Zip Code 23518 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31702 Date of Disbursement 11 / 04 / 2006 Amount of Each Disbursement this Period 655.00
C. SeanEvans Full Name (Last, First, Middle Initial) SeanEvans Mailing Address 2913 Haynes Ave. City Richmond State VA Zip Code 23222 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31833 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		1375.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 180 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LucyCruz		Transaction ID: D32732 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>20.00</div>	
City Chester State VA Zip Code 23831	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Warren Richards		Transaction ID: D31741 Date of Disbursement <div> <div>11</div> <div>06</div> <div>2006</div> </div>	
Mailing Address 919 Druid Cir Apt #7		Amount of Each Disbursement this Period <div>933.00</div>	
City Norfolk State VA Zip Code 23504	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Warren Richards		Transaction ID: D31767 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2006</div> </div>	
Mailing Address 919 Druid Cir Apt #7		Amount of Each Disbursement this Period <div>933.00</div>	
City Norfolk State VA Zip Code 23504	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1886.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ClaudineFousch		Transaction ID: D32089 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>76.00</div>
City Chester State VA Zip Code 23831	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LilieEstes		Transaction ID: D32745 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address PO Box 6096		Amount of Each Disbursement this Period <div>40.00</div>
City Richmond State VA Zip Code 23223	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) AnnetteBryant		Transaction ID: D32480 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 7041 Mamie Blvd.		Amount of Each Disbursement this Period <div>160.00</div>
City Norfolk State VA Zip Code 23324	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 182 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AndrewChapman		Transaction ID: D32630 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address P.O. Box 216			
City Portsmouth	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>40.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) TimothyDuck		Transaction ID: D32406 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1014 35th Street			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) AntoineHarris		Transaction ID: D32417 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3017 Williams Ave			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 183 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. VictoriaBrown Full Name (Last, First, Middle Initial) Mailing Address 2113 Tennyson Court City Virginia Beach State VA Zip Code 23454 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32006 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. BarbaraHarris Full Name (Last, First, Middle Initial) Mailing Address 874 35th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
C. WilliamFox II Full Name (Last, First, Middle Initial) Mailing Address 447 Lee's Mill Dr. City Newport News State VA Zip Code 23608 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32410 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DarrellVanLoo		Transaction ID: D31894 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 801 Sheppard St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23221
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) BillyMarshall		Transaction ID: D32600 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2224 Sandy Woods Lane		Amount of Each Disbursement this Period <div>420.00</div>	
City Virginia Beach	State VA		Zip Code 23456
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) ElijahSmallwood		Transaction ID: D31987 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 531 A 21st Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DevaunStraw Full Name (Last, First, Middle Initial) Mailing Address 1224 Excaliber Court City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32269 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>120.00</div>
B. ShandellTaylor Full Name (Last, First, Middle Initial) Mailing Address 103 South Lake Ave. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31890 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>60.00</div>
C. MarkBailey Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32079 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>76.00</div>

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. DebraJohnson

Mailing Address 4508 Plumstead Dr.

City State Zip Code
Va. Beach VA 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. EbonyStrickland

Mailing Address 1017 35th Street

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. CarlosPhipps

Mailing Address 1500 N. Lombardy St
VUU

City State Zip Code
Richmond VA 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 187 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Meghan O'Brien		Transaction ID: D32199 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4217 Hawksley Dr.		Amount of Each Disbursement this Period <div>120.00</div>
City Chesapeake State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) JaPrinceCarter		Transaction ID: D32043 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) BettySquire		Transaction ID: D32661 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1600 N.27th St.		Amount of Each Disbursement this Period <div>65.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>261.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JalisaKeeling		Transaction ID: D32310 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5384 Hanyen Dr.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) BryanTaylor		Transaction ID: D32593 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 443 Maryland Ave.		Amount of Each Disbursement this Period <div>360.00</div>	
City Norfolk State VA Zip Code 23508	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Diane Alston		Transaction ID: D32288 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2100 Effingham St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>600.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LaurenMarshok		Transaction ID: D32159 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3148 Barbour Drive		Amount of Each Disbursement this Period <div>90.00</div>	
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) RoderyckBullock		Transaction ID: D32342 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1604 N. 28th St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) SandraFrancis		Transaction ID: D32747 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4910 Greenliegh Rd.		Amount of Each Disbursement this Period <div>40.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/ Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) P. Wiliford		Transaction ID: D32695 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 1105 Mosby Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																						
City Richmond	State VA		Zip Code 23223																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
B. Full Name (Last, First, Middle Initial) Marilyn Taylor		Transaction ID: D32750 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 103 South Lake Ave.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
40.00																						
City Richmond	State VA		Zip Code 23223																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
C. Full Name (Last, First, Middle Initial) DavidLewis		Transaction ID: D32312 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 4513 Miles Ave.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Suffolk	State VA		Zip Code 23324																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>180.00</td> </tr> </table>	180.00																			
180.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) MichelleWarren		Transaction ID: D31995 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 749 36th Street Apt 4		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DawayneJackson		Transaction ID: D32425 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 625 35th Street		Amount of Each Disbursement this Period <div>120.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Lillian Hayes		Transaction ID: D32682 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2306 Hildreth Street		Amount of Each Disbursement this Period <div>20.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>200.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 192 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TieraGlover

Mailing Address 5815 Frament Ave
Apt.104

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32304

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. JohnFitzgerald

Mailing Address 2518 Bethel St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31834

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. JohnFitzgerald

Mailing Address 2518 Bethel St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31835

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 193 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BradleyPitt		Transaction ID: D32562 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 68 Continental Drive		Amount of Each Disbursement this Period <div>180.00</div>
City Hampton State VA Zip Code 23669		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ShondaRobinson		Transaction ID: D32760 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2003 Stalham Rd.		Amount of Each Disbursement this Period <div>40.00</div>
City Chesapeake State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Keren Charles		Transaction ID: D31697 Date of Disbursement <div> <div>11</div> <div>03</div> <div>2006</div> </div>
Mailing Address 5720 Earnhardt St		Amount of Each Disbursement this Period <div>1000.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>1220.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 194 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TonikaWright Full Name (Last, First, Middle Initial) Mailing Address 3007 Turnpike Rd. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32332 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. ConnieBryant Full Name (Last, First, Middle Initial) Mailing Address 1505 Ellington Sq. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32293 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. CarolJohnson Full Name (Last, First, Middle Initial) Mailing Address 3330 Nine Mile Rd City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31852 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 195 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TiaraJohnson Full Name (Last, First, Middle Initial) Mailing Address 2553 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32363 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. Tyra Smith Full Name (Last, First, Middle Initial) Mailing Address 4647-D Southwood Pwky City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31883 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. NestaBelsches Full Name (Last, First, Middle Initial) Mailing Address 3077 Creighton Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32340 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 196 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) EdithBell		Transaction ID: D32393 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1430 Harbor Lane		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Jourdan Peters		Transaction ID: D31602 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2006</div> </div>	
Mailing Address 1307 Hampton Blvd		Amount of Each Disbursement this Period <div>140.00</div>	
City Norfolk State VA Zip Code 23517	Purpose of Disbursement Canvassing Stipend Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Jourdan Peters		Transaction ID: D31730 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>	
Mailing Address 1307 Hampton Blvd		Amount of Each Disbursement this Period <div>230.00</div>	
City Norfolk State VA Zip Code 23517	Purpose of Disbursement GOTV Stipend Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>490.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 197 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) NormanRobinson		Transaction ID: D32372 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1528 Coalter St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) NiricoelClements		Transaction ID: D32616 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2512 Moton Street		Amount of Each Disbursement this Period <div>40.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) WilliemaeLewis		Transaction ID: D32554 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545A 21st Street		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 198 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) TenilleClyburn		Transaction ID: D32667 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	6														
Mailing Address 531 19th Street Apt B		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">65.00</td> </tr> </table>		65.00																			
65.00																							
City Newport News	State VA	Zip Code 23607	<div>Category/ Type</div>																				
Purpose of Disbursement GOTV Worker																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							
B. Full Name (Last, First, Middle Initial) JimmieWhitby		Transaction ID: D32710 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	6														
Mailing Address 1716 Terminal Ave		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																			
20.00																							
City Newport News	State VA	Zip Code 23607	<div>Category/ Type</div>																				
Purpose of Disbursement GOTV Worker																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							
C. Full Name (Last, First, Middle Initial) JimmieWhitby		Transaction ID: D32648 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	6														
Mailing Address 1716 Terminal Ave		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>		40.00																			
40.00																							
City Newport News	State VA	Zip Code 23607	<div>Category/ Type</div>																				
Purpose of Disbursement GOTV Worker																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>125.00</td> </tr> </table>		125.00																			
125.00																							
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																					

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 199 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JamarHunter		Transaction ID: D31951 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 535 22nd Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																						
City Newport News State VA Zip Code 23607																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) NyemaDorsey		Transaction ID: D32700 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 101 Ironbridge Court #303		Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																						
City Hampton State VA Zip Code 23663																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) GeorgeJohnson		Transaction ID: D32358 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 523 N. 31st St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Richmond State VA Zip Code 23219																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 200 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SandraFrancis		Transaction ID: D32515 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4910 Greenliegh Rd.		Amount of Each Disbursement this Period <div>160.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) AngelaParker		Transaction ID: D32200 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1815 Liberty St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) AntonioRedmond		Transaction ID: D32319 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 506 Roosevelt Blvd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 201 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. QuadajaWright

Mailing Address 712 Crabapple St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32334

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. Lucrecia Carr

Mailing Address 723 South St.
Apt. B

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32498

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

C. JulianCarrington

Mailing Address 1500 N. Lombardy St
VUU

City Richmynd State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32025

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

356.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 202 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Kevin Banks Full Name (Last, First, Middle Initial) Mailing Address 5944 Lockamy Lane City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32478 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
B. EvelynThomas Full Name (Last, First, Middle Initial) Mailing Address 1907 Whitcomb St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32383 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. BofnosaStewart Full Name (Last, First, Middle Initial) Mailing Address 1807 Q Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31886 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		340.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 203 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AlisonSmith		Transaction ID: D32015 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2724 Alamance Circle		Amount of Each Disbursement this Period <div>60.00</div>
City Virginia Beach	State VA Zip Code 23456	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) AshleyCarroll		Transaction ID: D31927 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1052 Garden Drive		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News	State VA Zip Code 23607	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Elizabeth Hare		Transaction ID: D31718 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>
Mailing Address 611 Oleander Circle		Amount of Each Disbursement this Period <div>45.00</div>
City Virginia Beach	State VA Zip Code 23456	
Purpose of Disbursement GOTV Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>165.00</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 204 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BeverlyAnt		Transaction ID: D31802 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2322 Fairfield Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) JovanCurry		Transaction ID: D31828 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) LemontLewis		Transaction ID: D32566 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 544 C - 22nd St		Amount of Each Disbursement this Period <div>200.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 205 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BarbaraScott		Transaction ID: D32377 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2345 Selden St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Cleveland Kelly		Transaction ID: D32657 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2103 Jefferson Ave		Amount of Each Disbursement this Period <div>40.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Tracy Pickle		Transaction ID: D32493 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3704 Elkhorn Ave., # A		Amount of Each Disbursement this Period <div>160.00</div>	
City Norfolk	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 206 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. BrandonWright

Mailing Address 601 W. 34th St

City Norfolk State VA Zip Code 23508

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32597

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

B. Melvin Newby

Mailing Address 103 Navajo Trail

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32316

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. ChanaeRice

Mailing Address 561 Woodstock Rd

City Virginia Beach State VA Zip Code 23464

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32450

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 207 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Dewanda Jenkins Full Name (Last, First, Middle Initial) Mailing Address 4101 Sue Cres. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31794 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. David Krystle Full Name (Last, First, Middle Initial) Mailing Address 5805 Burrell Ave City Norfolk State VA Zip Code 23518 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31708 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 670.00
C. Carlos Phipps Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32718 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 208 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TiffanySpencer

Mailing Address 1113 77th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32441

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. CaseyHare

Mailing Address 611 Oleander Circle

City Virginia Beach State VA Zip Code 23464

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32008

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. JamesMinor

Mailing Address 900 N. 35th Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32613

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

722.00

SUBTOTAL of Disbursements This Page (optional)

902.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 209 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LatoyaFitzgerald		Transaction ID: D32514 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1505 Hickey St.		Amount of Each Disbursement this Period <div>160.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) ShawntaReid		Transaction ID: D32321 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 125 Dale Dr.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) IsmaelAquilar		Transaction ID: D31915 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 814 21st Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 210 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DeshiraThompson		Transaction ID: D32272 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 6305 Dover Drive			
City Suffolk	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) DetraWilson		Transaction ID: D31908 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3330 Nine Mile Rd			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) JanetLewis		Transaction ID: D32171 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2719 Henrico Dr			
City Richmond	State VA	Zip Code 23222	Amount of Each Disbursement this Period <div>100.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 211 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. D&P Printing & Graphics, Inc.

Mailing Address 5641 General Washington Dr # J

City Alexandria State VA Zip Code 22312-2403

Purpose of Disbursement
Exempt Candidate Mail/Kellam

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D33128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1104.60

Full Name (Last, First, Middle Initial)

B. BobbitGladney

Mailing Address 517 Taft Dr.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32303

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. MariaGonzalez

Mailing Address 1336 Hammerhead Lane

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32620

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

1264.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 212 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Hadisha Gordon		Transaction ID: D31728 Date of Disbursement <div> <div>MM / DD / YY</div> <div>11 / 04 / 2006</div> </div>
Mailing Address 143 Libbey St		Amount of Each Disbursement this Period <div>45.00</div>
City Hampton State VA Zip Code 23663	<div>Category/Type</div>	
Purpose of Disbursement GOTV Stipend		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) TyhrenWilliams		Transaction ID: D32004 Date of Disbursement <div> <div>MM / DD / YY</div> <div>11 / 07 / 2006</div> </div>
Mailing Address 106 Whimbrel Drive		Amount of Each Disbursement this Period <div>60.00</div>
City Suffolk State VA Zip Code 23435	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) SharondaDrew		Transaction ID: D31937 Date of Disbursement <div> <div>MM / DD / YY</div> <div>11 / 07 / 2006</div> </div>
Mailing Address 1555 Ridley Circle		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>165.00</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 213 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TamekaWalker

Mailing Address 545 Adams Dr. Apt 1B

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32444

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. RavenMyles

Mailing Address 808 Bold St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32315

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. KatelynBrownlee

Mailing Address 200 Majestic Ct. Apt 301

City Newport News State VA Zip Code 23606

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31924

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 214 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JasmineQuarrells		Transaction ID: D32262 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 514 Weaver Circle		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) SarahClyburn		Transaction ID: D32399 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1237 Ivy Ave		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) TashomnnaCorrea		Transaction ID: D32219 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 973 Teal Ct.		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>360.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 215 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. PercyHaney Full Name (Last, First, Middle Initial) Mailing Address 1030 36th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31944 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. BonitaFloyd Full Name (Last, First, Middle Initial) Mailing Address 1030 36th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31941 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. JamesWest Full Name (Last, First, Middle Initial) Mailing Address 5815 Frament Ave Apt.104 City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32327 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 216 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
HelenPatterson

Mailing Address 973 Teal Ct.

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B. Full Name (Last, First, Middle Initial)
DominiqueMeredith

Mailing Address 612 30th

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32432

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

C. Full Name (Last, First, Middle Initial)
PernellKnight

Mailing Address 624 -44th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31962

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 217 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. ElissaMezzoni Full Name (Last, First, Middle Initial) Mailing Address 5232 Rockingham Drive City Williamsburg State VA Zip Code 23188 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32605 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 450.00
B. TracySikes Full Name (Last, First, Middle Initial) Mailing Address 1131 Georgetown Rd. Apt.104 City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32324 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. Jackie Battle Full Name (Last, First, Middle Initial) Mailing Address 2522 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31808 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		630.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 218 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Keneeth Moore Full Name (Last, First, Middle Initial) Mailing Address 4533 West Norfolk Road City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32623 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
B. Sheila Sanders Full Name (Last, First, Middle Initial) Mailing Address 143 Libbey Street City Hampton State VA Zip Code 23663 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32585 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 270.00
C. Santele Richey Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32066 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		386.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 219 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LavelleClyburn		Transaction ID: D32537 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1137 Ivy Ave		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News	State VA		Zip Code 23601
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Alphonso Dale		Transaction ID: D32574 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1103 James Drive		Amount of Each Disbursement this Period <div>240.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) DavidHernandez		Transaction ID: D32086 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>76.00</div>	
City Chester	State VA		Zip Code 23831
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>496.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 220 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. QianaArmstead

Mailing Address 6207 Checkerberry Dr.

City Richmond State VA Zip Code 23231

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. DerekHyman

Mailing Address 1333 28th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32527

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

C. BrendaKenney

Mailing Address 2378 Ambrose St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32364

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 221 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. AquanettaScott Full Name (Last, First, Middle Initial) Mailing Address 1528 Coalter St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32376 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. StephanieFulgeon Full Name (Last, First, Middle Initial) Mailing Address 3029 Camelot Blvd. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32619 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
C. KadijuhTaylor Full Name (Last, First, Middle Initial) Mailing Address 1102 Williamsburg Rd. City Richmond State VA Zip Code 23232 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31888 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		220.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 222 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) NadariousClark		Transaction ID: D32217 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4240 Sedgewyck Circle		Amount of Each Disbursement this Period <div>120.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) CarolynWhitehood		Transaction ID: D32596 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3221 Dogwood Dr.		Amount of Each Disbursement this Period <div>360.00</div>
City Portsmouth State VA Zip Code 23703		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) AnnetteDaniels		Transaction ID: D31830 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2514 Bethel St.		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>540.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 223 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TajahMitchell Full Name (Last, First, Middle Initial) Mailing Address 1021 Winward Road City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32250 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. PatriciaMedley Full Name (Last, First, Middle Initial) Mailing Address 538 22nd Street Apt H City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32528 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
C. EyondaRichardson Full Name (Last, First, Middle Initial) Mailing Address 1537 A Jefferson Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31981 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 224 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JosephWilliam		Transaction ID: D31905 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2414 N 28th St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) LisimbaMontgomery		Transaction ID: D31863 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1604 N. 28th St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) ChrisBeall		Transaction ID: D32093 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address Watson Hall, UVA		Amount of Each Disbursement this Period <div>76.00</div>	
City Charlottesville	State VA		Zip Code 22093
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 225 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CurtisSmith		Transaction ID: D32325 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1718 Hodges Ferry Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) ClintonBryant		Transaction ID: D32525 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2101 12C Kecoughtan		Amount of Each Disbursement this Period <div>160.00</div>	
City Hampton State VA Zip Code 23661	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Dominique Walker		Transaction ID: D32802 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 323 Reams Rd.		Amount of Each Disbursement this Period <div>60.00</div>	
City Petersburg State VA Zip Code 23805	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>340.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 226 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MyiaFrancis Full Name (Last, First, Middle Initial) Mailing Address 4910 Greenleigh Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32352 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. GerardDowning Full Name (Last, First, Middle Initial) Mailing Address 7435 Hooper St. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32221 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. DanotaLewis Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32073 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		316.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 227 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Arkeisha Whitley		Transaction ID: D31779 Date of Disbursement <div> <div>11</div> <div>27</div> <div>2006</div> </div>	
Mailing Address 52 George St		Amount of Each Disbursement this Period <div>600.00</div>	
City Hampton State VA Zip Code 23663	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: D31669 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2006</div> </div>	
Mailing Address		Amount of Each Disbursement this Period <div>33.87</div>	
City Philadelphia State PA Zip Code 19255-0001	Purpose of Disbursement Payroll Taxes Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: D31667 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2006</div> </div>	
Mailing Address		Amount of Each Disbursement this Period <div>33.87</div>	
City Philadelphia State PA Zip Code 19255-0001	Purpose of Disbursement Payroll Taxes Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>667.74</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 228 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address

City Philadelphia State PA Zip Code 19255-0001

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31690

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

3918.56

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address

City Philadelphia State PA Zip Code 19255-0001

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31777

Date of Disbursement

11 / 22 / 2006

Amount of Each Disbursement this Period

3792.63

Full Name (Last, First, Middle Initial)

C. LemarNelms

Mailing Address 719 Woodfin Road

City Newport News State VA Zip Code 23605

Purpose of Disbursement

GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31974

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

7771.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 229 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KLM Group		Transaction ID: D31753 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2006</div> </div>	
Mailing Address 1256 Nesbitt Dr		Amount of Each Disbursement this Period <div>315.00</div>	
City Virginia Beach	State VA		Zip Code 23453
Purpose of Disbursement Banner Printing			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) ShaneaseDickey		Transaction ID: D32485 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5409 Berry Hill Road		Amount of Each Disbursement this Period <div>160.00</div>	
City Norfolk	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) WilbertSanders		Transaction ID: D31982 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 544 14th Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>535.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Alphonso Dale

Mailing Address 1103 James Drive

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32754

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. William Cousins

Mailing Address 5000 Midlothian Turnpike
Apt. 27

City Richmond State VA Zip Code 23224

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31827

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Evelene Cotman

Mailing Address 2122 Accommodation St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32346

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 231 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JeneeWilliams		Transaction ID: D32280 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address P.O. Box 7813		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) SergioHamlin		Transaction ID: D32543 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 530 D 22nd		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) James Minor		Transaction ID: D31733 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>	
Mailing Address 900 N 35th St		Amount of Each Disbursement this Period <div>2250.00</div>	
City Richmond State VA Zip Code 23223-7602	Purpose of Disbursement General Political Consulting Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 232 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Elissa Harwood

Mailing Address 808 Bishopsgate Lane

City Virginia Beach State VA Zip Code 23452

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31719

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. SimoneDreher

Mailing Address 143 Town Sq Drive

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32643

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. ShatonyaHunter

Mailing Address 935 37th Street
Apt 7

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 233 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) OrraniaHarris		Transaction ID: D31841 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	6														
Mailing Address 2124 Crieghton Rd.		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>		60.00																			
60.00																							
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Fuse Inc		Transaction ID: D31606 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	9	/	2	0	0	6														
Mailing Address 802 North First St		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">40000.00</td> </tr> </table>		40000.00																			
40000.00																							
City Saint Louis State MO Zip Code 63102	Purpose of Disbursement Generic GOTV Radio Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Fuse Inc		Transaction ID: D31692 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	3	/	2	0	0	6														
Mailing Address 802 North First St		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">13500.00</td> </tr> </table>		13500.00																			
13500.00																							
City Saint Louis State MO Zip Code 63102	Purpose of Disbursement Generic GOTV Radio Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

53560.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 234 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TerahJohnson Full Name (Last, First, Middle Initial) Mailing Address 2921 Hilliard Rd City Richmond State VA Zip Code 23228 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32178 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>100.00</div>
B. ClementNdihah Full Name (Last, First, Middle Initial) Mailing Address 4501 Burgess House Lane City Richmond State VA Zip Code 23236 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32167 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>100.00</div>
C. AthenaPhelps Full Name (Last, First, Middle Initial) Mailing Address 523 Hyde Park Rd. City Norfolk State VA Zip Code 23503 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32607 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>450.00</div>

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 235 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JocieJarman		Transaction ID: D32461 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 132 Garrett Drive		Amount of Each Disbursement this Period <div>140.00</div>	
City Hampton State VA Zip Code 23669	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LaShundaScott		Transaction ID: D31984 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1032 Hampton Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) DevinWilliams		Transaction ID: D32388 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 209 Fairfield Ave.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 236 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TonyaRoebuck

Mailing Address 2446 Carmine St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32517

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. SharnellHopkins

Mailing Address 1453 Jennie Scher Rd

City Richmond State VA Zip Code 23231

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31847

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Leon DHutchinson

Mailing Address 729 Greenwing Drive

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32621

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 237 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Time Plus Payroll

Mailing Address 3920 Pump Rd., Ste. 125

City Richmond State VA Zip Code 23233

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31664

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

70.50

Full Name (Last, First, Middle Initial)

B. Time Plus Payroll

Mailing Address 3920 Pump Rd., Ste. 125

City Richmond State VA Zip Code 23233

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31744

Date of Disbursement

11 / 14 / 2006

Amount of Each Disbursement this Period

67.45

Full Name (Last, First, Middle Initial)

C. Drulisha Mitchell

Mailing Address 1021 Winward Road

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32249

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

257.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 238 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ChiokeMurray		Transaction ID: D32729 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2214 Rosewood Ave		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Adrain Miles		Transaction ID: D32457 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1544 w 39 th st apt #B Apt B		Amount of Each Disbursement this Period <div>136.00</div>	
City Norfolk	State VA		Zip Code 23508
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MosesSykes		Transaction ID: D32770 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 678 D Aqua Drive		Amount of Each Disbursement this Period <div>65.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>221.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 239 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JermónStokes		Transaction ID: D32736 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 807 W. Broad Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																						
City Richmond State VA Zip Code 23220																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) LinwoodDeBrew		Transaction ID: D32131 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 2108 Marshall Ave		Amount of Each Disbursement this Period <table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
80.00																						
City Newport News State VA Zip Code 23607																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) EugeneBarfield		Transaction ID: D32337 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 2215 Fenton St		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Richmond State VA Zip Code 23231																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>220.00</td> </tr> </table>	220.00																			
220.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 240 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SterlingSharp		Transaction ID: D32323 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 901 Ellington Sq.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) ShirleyBridges		Transaction ID: D32641 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 18 Brentwood Drive		Amount of Each Disbursement this Period <div>40.00</div>	
City Hampton State VA Zip Code 23669	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) BryanJohnson		Transaction ID: D32309 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 303 London St.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 241 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BryanJohnson		Transaction ID: D31795 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 303 London St.			
City Portsmouth	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) CeasarMcConico		Transaction ID: D32314 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 228 Chowan Trace			
City Portsmouth	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) KristalLee		Transaction ID: D32705 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 50 Tupelo Circle			
City Hampton	State VA	Zip Code 23666	Amount of Each Disbursement this Period <div>20.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 242 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JoanClaiborne		Transaction ID: D31929 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 548 19th Street Apt B		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) KendraJohnson		Transaction ID: D31853 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) NickMazarakis		Transaction ID: D32608 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 8148 Tidle Rd.		Amount of Each Disbursement this Period <div>510.00</div>
City Norfolk State VA Zip Code 23518		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 243 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ClaudineForche

Mailing Address 4501 Burgess House Lane

City Richmond State VA Zip Code 23236

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32031

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. CierraHamilton

Mailing Address 2354 Fairfield Dr.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Nathaniel Phillips

Mailing Address 4010 Scotchwood Ct.

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 244 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Ashley Frierson Full Name (Last, First, Middle Initial) Mailing Address 11270 Lamore Dr. City Disputana State VA Zip Code 23875 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32795 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. BrandonHamlin Full Name (Last, First, Middle Initial) Mailing Address 1425 Holt Drive City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32232 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. StephanieFulgeon Full Name (Last, First, Middle Initial) Mailing Address 3029 Camelot Blvd. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32487 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 245 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RolandBradby		Transaction ID: D32105 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1607 Tyler St.		Amount of Each Disbursement this Period <div>80.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) JanelHamilton		Transaction ID: D32156 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 8621 Kearsarge Place		Amount of Each Disbursement this Period <div>90.00</div>	
City Norfolk	State VA		Zip Code 23503
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) ReggieNeville		Transaction ID: D32255 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address F116 Dhalgren Avenue		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 246 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. LionelHarris Full Name (Last, First, Middle Initial) Mailing Address 1358 29th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31949 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00 Category/Type
B. RoderickWhite Full Name (Last, First, Middle Initial) Mailing Address 60 Ash Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31998 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00 Category/Type
C. TakeiaGibbs Full Name (Last, First, Middle Initial) Mailing Address 5384 Hanyen Dr. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32301 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SeanEvan		Transaction ID: D31832 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2913 Haynes Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23222	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) JamesDix		Transaction ID: D32132 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545 21st Street		Amount of Each Disbursement this Period <div>80.00</div>	
City Newport News State VA Zip Code 23602	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) RandyJeter		Transaction ID: D31957 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2115 Madison Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 248 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Sean Williamson

Mailing Address 337 47th St

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31694

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

B. Full Name (Last, First, Middle Initial)
FayeShaw

Mailing Address 1567 Winthrop Drive

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

C. Full Name (Last, First, Middle Initial)
FreddieFloxxman

Mailing Address 679 Frist Campus Center

City State Zip Code
Princeton NJ 8544

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

736.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 249 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LytonyaEchols		Transaction ID: D32618 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address P.O. Box 7813		Amount of Each Disbursement this Period <div>40.00</div>
City Norfolk State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LeroyJackson		Transaction ID: D31955 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4806 Madison Ave		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) JoeyNathaniel		Transaction ID: D31865 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 6225 Warwick Rd		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23224		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 250 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Luke Olszewski		Transaction ID: D31717 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>	
Mailing Address 2228 Sands Woods Lane		Amount of Each Disbursement this Period <div>45.00</div>	
City Virginia Beach	State VA		Zip Code 23456
Purpose of Disbursement GOTV Stipend			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) NatiliaJohnson		Transaction ID: D32361 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1307 St. John Street #B		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) AshleyCabler		Transaction ID: D32182 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

265.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 251 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. RenitaJohnson Full Name (Last, First, Middle Initial) Mailing Address 9507 Spendthrift Circle, #221 City Richmond State VA Zip Code 23294 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32180 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
B. Michael Barfield Full Name (Last, First, Middle Initial) Mailing Address 2215 Fenton St City Richmond State VA Zip Code 23231 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31807 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Brandon Wright Full Name (Last, First, Middle Initial) Mailing Address 601 W 34th St City Norfolk State VA Zip Code Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31725 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 45.00
SUBTOTAL of Disbursements This Page (optional)		205.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 252 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TrynettaWiggins

Mailing Address 1311 E. Oceanview Ave.
Unit E3

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. KrystleDavid

Mailing Address 5805 Burrell Ave.

City Norfolk State VA Zip Code 23518

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. JourdanPeters

Mailing Address 1307 Hampton Blvd.

City Norfolk State VA Zip Code 23517

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32161

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

SUBTOTAL of Disbursements This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 253 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) EvelynGivens		Transaction ID: D31836 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3336 Nine Mile Rd.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) JackieCoker		Transaction ID: D32173 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>100.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) YolandaSmith		Transaction ID: D31885 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2300 Magnolia St.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 254 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Kevin Perry		Transaction ID: D32798 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 11270 Lamore Dr.		Amount of Each Disbursement this Period <div>60.00</div>	
City Disputana	State VA		Zip Code 23875
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Rev. WillieWoodson		Transaction ID: D32598 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3401 North Ave.		Amount of Each Disbursement this Period <div>370.00</div>	
City Richmond	State VA		Zip Code 23222
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) CarltonCarroll		Transaction ID: D32742 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2613 Edgewood Ave.		Amount of Each Disbursement this Period <div>40.00</div>	
City Richmond	State VA		Zip Code 23222
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 255 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) IshmaelDaniel		Transaction ID: D31829 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2514 Bethel St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) TamekaKnight		Transaction ID: D32703 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 534 C 21st		Amount of Each Disbursement this Period <div>20.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) TamekaKnight		Transaction ID: D32704 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 534 C 21st		Amount of Each Disbursement this Period <div>20.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>100.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 256 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Robertolngraio Full Name (Last, First, Middle Initial) Mailing Address 710 W. Franklin St City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32051 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
B. PhyllisLevisy Full Name (Last, First, Middle Initial) Mailing Address 5709 Surray Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32707 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. EvelynRobinson Full Name (Last, First, Middle Initial) Mailing Address 3413 N. 21st St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32124 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
SUBTOTAL of Disbursements This Page (optional)		176.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 257 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) StephanieGrandison		Transaction ID: D32088 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>76.00</div>
City Chester State VA Zip Code 23831		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Rev. WillieWoodson		Transaction ID: D32662 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3401 North Ave.		Amount of Each Disbursement this Period <div>65.00</div>
City Richmond State VA Zip Code 23222		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Sandra DeBrew		Transaction ID: D31736 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>
Mailing Address 544 22nd St APT C		Amount of Each Disbursement this Period <div>1000.00</div>
City Newport News State VA Zip Code 23607-4541		
Purpose of Disbursement GOTV Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

1141.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 258 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Elizabeth Pearson

Mailing Address 1701 16th St NW
Apt 363

City Washington State DC Zip Code 20009-3115

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31659

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

1452.65

Full Name (Last, First, Middle Initial)

B. Elizabeth Pearson

Mailing Address 1701 16th St NW
Apt 363

City Washington State DC Zip Code 20009-3115

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31746

Date of Disbursement

11 / 14 / 2006

Amount of Each Disbursement this Period

1452.65

Full Name (Last, First, Middle Initial)

C. Elizabeth Pearson

Mailing Address 1701 16th St NW
Apt 363

City Washington State DC Zip Code 20009-3115

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31783

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

238.61

SUBTOTAL of Disbursements This Page (optional)

3143.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 259 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) PamelaGrarnette		Transaction ID: D32721 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	7		2	0	0	6														
Mailing Address 8221 Whistler Road		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																			
20.00																							
City Richmond State VA Zip Code 23227	Purpose of Disbursement GOTV Worker Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Commonwealth of Virginia		Transaction ID: D31691 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	3		2	0	0	6														
Mailing Address Department of Taxation PO Box 658		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">636.41</td> </tr> </table>		636.41																			
636.41																							
City Richmond State VA Zip Code 23218	Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Commonwealth of Virginia		Transaction ID: D31778 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		2	2		2	0	0	6														
Mailing Address Department of Taxation PO Box 658		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">622.04</td> </tr> </table>		622.04																			
622.04																							
City Richmond State VA Zip Code 23218	Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

1278.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 260 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MauriceKing Full Name (Last, First, Middle Initial) Mailing Address 4910 Greenleigh Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32365 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. Kerbe Glenn Full Name (Last, First, Middle Initial) Mailing Address 2222 E. Cary St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32114 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
C. Joshua Jones Full Name (Last, First, Middle Initial) Mailing Address 919 Druid Cir Apt 7 City Norfolk State VA Zip Code 23504 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31599 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 220.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Joshua Jones		Transaction ID: D31712 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	4		2	0	0	6													
Mailing Address 919 Druid Cir Apt 7		Amount of Each Disbursement this Period <table border="1"> <tr> <td>550.00</td> </tr> </table>	550.00																			
550.00																						
City Norfolk State VA Zip Code 23504																						
Purpose of Disbursement GOTV Stipend																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) SheliaBowser		Transaction ID: D32628 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 2726 High St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
40.00																						
City Portsmouth State VA Zip Code 23324																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) DarnelBelsches		Transaction ID: D32339 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 3077 Creighton Rd.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Richmond State VA Zip Code 23223																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>710.00</td> </tr> </table>	710.00																			
710.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 262 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Ke'eraGray Full Name (Last, First, Middle Initial) Mailing Address 5935 Marshall Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32414 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MontezLewis Full Name (Last, First, Middle Initial) Mailing Address 1716 Terminal Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32551 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00
C. Brittany Charity Full Name (Last, First, Middle Initial) Mailing Address 15901 South Crater Rd. City Petersburg State VA Zip Code 23805 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32805 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 263 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Kerbe Glenn Full Name (Last, First, Middle Initial) Mailing Address 2222 E. Cary St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32681 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. TorrieCook Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32172 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
C. DanielleFortier Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32077 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00

SUBTOTAL of Disbursements This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Brandon Woodberry

Mailing Address 25 Beacons Way #8

City Hampton State VA Zip Code 23669

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31720

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. ThadtigussLewis

Mailing Address 545 A 21st Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. Daniel Mainor

Mailing Address 5828 Hedgerow Circle

City Portsmouth State VA Zip Code 23703

Purpose of Disbursement
Canvassing Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 265 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Daniel Mainor Full Name (Last, First, Middle Initial) Mailing Address 5828 Hedgerow Circle City Portsmouth State VA Zip Code 23703 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31714 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 470.00
B. Patrice Baltimore Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32714 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. Treasa Stewart Full Name (Last, First, Middle Initial) Mailing Address 1807 Q Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32381 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		610.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 266 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LatoyaHenderson		Transaction ID: D32047 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 16083 W. Patrick Henry Rd		Amount of Each Disbursement this Period <div>76.00</div>
City Montpelier State VA Zip Code 23192		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Melvin DJohnson		Transaction ID: D32240 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 508 Whitehaven Court		Amount of Each Disbursement this Period <div>120.00</div>
City Chesapeake State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) JessGutierrez		Transaction ID: D32083 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address Frist Campus Center		Amount of Each Disbursement this Period <div>76.00</div>
City Princeton State NJ Zip Code 8544		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

272.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 267 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Troy Jones Full Name (Last, First, Middle Initial) Mailing Address 169 Mytilene Drive City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32137 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. Misha McKoy Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32045 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
C. Everette Gaines, Jr. Full Name (Last, First, Middle Initial) Mailing Address 3553 Missouri Ave. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32353 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 268 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Monica Sumpster

Mailing Address PO Box 3135

City Petersburg State VA Zip Code 23805

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. QuianaJohnson

Mailing Address 1217 Seaboard Ave.

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. KennethReid

Mailing Address 830 27th Streeet

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 269 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ArsalaanKhan		Transaction ID: D32020 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 17 W. Broad Street		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DarrylWilliams		Transaction ID: D32387 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 209 Fairfield Ave.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) CardellPatillo,Jr.		Transaction ID: D32759 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 506 Roosevelt Blvd.		Amount of Each Disbursement this Period <div>40.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>236.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 270 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. George Miles Full Name (Last, First, Middle Initial) Mailing Address 1216 Curie Ct City Norfolk State VA Zip Code 23513 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32453 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 136.00
B. BrianGuldenschuh Full Name (Last, First, Middle Initial) Mailing Address 2202 Volunteer Trail City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32467 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 150.00
C. WilliamTolson Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy ST VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32072 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		362.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 271 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) PhilipThornton		Transaction ID: D32556 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 830 27th Street		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) LilieEstes		Transaction ID: D32513 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address PO Box 6096		Amount of Each Disbursement this Period <div>160.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) SonyaLewis		Transaction ID: D32635 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 103 Navajo Trail		Amount of Each Disbursement this Period <div>40.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>380.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 272 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ClementNdihah		Transaction ID: D32712 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4501 Burgess House Lane			
City Richmond	State VA	Zip Code 23236	Amount of Each Disbursement this Period <div>20.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) TywainMann		Transaction ID: D31860 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1807 Q Street			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Scott Lipscomb		Transaction ID: D32018 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1312 W. Cary St			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 273 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RichardCleveland`		Transaction ID: D31792 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 316 Killian Ave.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) BrandonCurry		Transaction ID: D32155 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 270 Lee Street		Amount of Each Disbursement this Period <div>90.00</div>	
City Hampton State VA Zip Code 23666	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) DouglasNelms		Transaction ID: D31973 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 719 Woodfin Road		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23605	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>270.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 274 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. AntinetteWhitehead Full Name (Last, First, Middle Initial) Mailing Address 6060 College Drive City Suffolk State VA Zip Code 23434 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32603 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 420.00
B. AnjilChase Full Name (Last, First, Middle Initial) Mailing Address 4533 West Norfolk Road City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32215 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. BrandonGrandison Full Name (Last, First, Middle Initial) Mailing Address 807 W. Broad Street City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32095 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		616.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 275 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JamesMinor		Transaction ID: D32659 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 900 N. 35th Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) ByronLevisy		Transaction ID: D31963 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5709 Surray Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MichaelHyman		Transaction ID: D32684 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1805 Q st.		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>140.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 276 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) TishaSmith		Transaction ID: D32507 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1718 Hodges Ferry Rd.		Amount of Each Disbursement this Period <div>160.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) DerrickLewis		Transaction ID: D32428 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545A 21st Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) DerrickLewis		Transaction ID: D31964 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545A 21st Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>340.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 277 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JamieMyers		Transaction ID: D32024 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) TobiasEstes		Transaction ID: D31831 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address PO Box 6096		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) LonnieNewell		Transaction ID: D31975 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 535 22nd Street		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>196.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 278 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RandallWhitting		Transaction ID: D32126 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2533 Bethel St.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>80.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Gregory Scanlon		Transaction ID: D31661 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div>	
Mailing Address 1809 E Grace St #8			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>1302.23</div>
Purpose of Disbursement Payroll		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Gregory Scanlon		Transaction ID: D31748 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2006</div> </div>	
Mailing Address 1809 E Grace St #8			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>1302.23</div>
Purpose of Disbursement Payroll		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

2684.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 279 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LemoyneWilliams		Transaction ID: D32035 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) TaronStubbs		Transaction ID: D32651 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N Lombardy St VUU		Amount of Each Disbursement this Period <div>40.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Eric Flemming		Transaction ID: D31743 Date of Disbursement <div> <div>11</div> <div>06</div> <div>2006</div> </div>
Mailing Address 1324 Five Point Rd		Amount of Each Disbursement this Period <div>1300.00</div>
City Virginia Beach State VA Zip Code 23454		
Purpose of Disbursement Data Management Consulting		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>1416.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 280 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Eric Flemming Full Name (Last, First, Middle Initial) Mailing Address 1324 Five Point Rd City Virginia Beach State VA Zip Code 23454 Purpose of Disbursement Data Management Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31768 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 1300.00
B. MariaGonzalez Full Name (Last, First, Middle Initial) Mailing Address 1336 Hammerhead Lane City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32488 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
C. WesGlisson Full Name (Last, First, Middle Initial) Mailing Address 302 N. 35th Street City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32175 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional)

1560.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 281 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. DebraCleveland`

Mailing Address 316 Killian Ave.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32473

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. LakendraJohnson

Mailing Address 649 12th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32545

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. PatriciaDarden

Mailing Address 2123 Jefferson Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 282 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. AshleyAkridge

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32046

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. Linwood Debrew

Mailing Address 2108 Marshall Ave

City Newport News State VA Zip Code 23607-5221

Purpose of Disbursement
Contract Labor

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31619

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LarryAdams

Mailing Address 1130 Chisholm Cir.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32285

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

696.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShirleyDavis		Transaction ID: D32744 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2354 Fairfield Ave.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>40.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Rebeccalmholt		Transaction ID: D32030 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 701 West Grace St, Apt 622			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) AnnetteBryant		Transaction ID: D32763 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 7041 Mamie Blvd.			
City Norfolk	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>40.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 284 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Sara Dean		Transaction ID: D31590 Date of Disbursement <div> <div>10</div> <div>19</div> <div>2006</div> </div>
Mailing Address 2084 Schubert Dr		Amount of Each Disbursement this Period <div>100.00</div>
City Virginia Beach State VA Zip Code 23554		
Purpose of Disbursement Canvassing Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Sara Dean		Transaction ID: D31704 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>
Mailing Address 2084 Schubert Dr		Amount of Each Disbursement this Period <div>190.00</div>
City Virginia Beach State VA Zip Code 23554		
Purpose of Disbursement GOTV Stipend	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) CameronSasnett		Transaction ID: D32022 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1841 W. Grace Street		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

366.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 285 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ShirleyBridges		Transaction ID: D32524 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 18 Brentwood Drive		Amount of Each Disbursement this Period <div>160.00</div>	
City Hampton State VA Zip Code 23669	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) NelleReese		Transaction ID: D31872 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) DannyPlaughter		Transaction ID: D32196 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1113 Grove Ave. #3		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 286 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Darryl Hawkins		Transaction ID: D31843 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3500 Delaware Ave.			
City Richmond	State VA	Zip Code 23222	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Daniel Muluneh		Transaction ID: D32160 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5360 Achilles Drive			
City Virginia Beach	State VA	Zip Code 23464	Amount of Each Disbursement this Period <div>90.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Tishon Postell		Transaction ID: D32371 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1529 N. 20th St.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 287 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. OlympiaSumpter

Mailing Address 3514 Bart Street

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32270

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. NajeniaCannon

Mailing Address 1102 Williamsburg Rd.

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32344

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. TonyaRoebuck

Mailing Address 2446 Carmine St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32749

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 288 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DeneshaFountain Full Name (Last, First, Middle Initial) Mailing Address 1909 Fairfield Ave. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32111 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. MichaelHyman Full Name (Last, First, Middle Initial) Mailing Address 1805 Q st. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32117 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
C. AnnetteClark Full Name (Last, First, Middle Initial) Mailing Address 4240 Sedgewyck Circle City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32482 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
SUBTOTAL of Disbursements This Page (optional)		320.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 289 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MalaikNelms Full Name (Last, First, Middle Initial) Mailing Address 719 Woodfin Road City Newport News State VA Zip Code 23605 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32768 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00
B. JeremiahDavis Full Name (Last, First, Middle Initial) Mailing Address 6129 Jefferson Ave City Newport News State VA Zip Code 23605 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31934 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. ParisHudson Full Name (Last, First, Middle Initial) Mailing Address 801 Lassiter Dr. City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32544 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00
SUBTOTAL of Disbursements This Page (optional)		305.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 290 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JamieJones		Transaction ID: D32136 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 902 Center Ave		Amount of Each Disbursement this Period <div>80.00</div>	
City Newport News	State VA		Zip Code 23605
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) TyieshaWashington		Transaction ID: D32446 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 603 9th Ivy		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) JoeyWood		Transaction ID: D32021 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2302 Dolfield Dr		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23235
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 291 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) John Walden		Transaction ID: D32807 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 301 Oakhill Rd.		Amount of Each Disbursement this Period <div>60.00</div>	
City Petersburg State VA Zip Code 23805	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) DawudMuhammad		Transaction ID: D32433 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1314 Oak Ave		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) AltonTisdale		Transaction ID: D31992 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1219 24th Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 292 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Miriam Mainor Full Name (Last, First, Middle Initial) Mailing Address 5828 Hedgerow Cir City Portsmouth State VA Zip Code 23703-1540 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31585 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 705.00
B. Miriam Mainor Full Name (Last, First, Middle Initial) Mailing Address 5828 Hedgerow Cir City Portsmouth State VA Zip Code 23703-1540 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31699 Date of Disbursement 11 / 03 / 2006 Amount of Each Disbursement this Period 585.00
C. TorrieCook Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32716 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 20.00
SUBTOTAL of Disbursements This Page (optional)		1310.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 293 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JanetLewis		Transaction ID: D32715 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2719 Henrico Dr			
City Richmond	State VA	Zip Code 23222	Amount of Each Disbursement this Period <div>20.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) DanielMainor		Transaction ID: D32592 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5828 Hedgerow Cir			
City Portsmouth	State VA	Zip Code 23703	Amount of Each Disbursement this Period <div>360.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) KeishaScott		Transaction ID: D32125 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2003 Beck Drive			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>80.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 294 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MinellMcClure Full Name (Last, First, Middle Initial) Mailing Address 1944 Redd St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32368 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. BrandiDuck Full Name (Last, First, Middle Initial) Mailing Address 530 G 19th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32460 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 140.00
C. MarilynLewis Full Name (Last, First, Middle Initial) Mailing Address 545 21st Street Apt A City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32668 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00

SUBTOTAL of Disbursements This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 295 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Monika Lucas Full Name (Last, First, Middle Initial) Mailing Address 8358 Walnut Grove Road City Mechanicsville State VA Zip Code 23111 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32023 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
B. CalveshiaLewis Full Name (Last, First, Middle Initial) Mailing Address 1714 Jacqueline St City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31858 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Varneta Smith Full Name (Last, First, Middle Initial) Mailing Address 1935 Repp Circle City Highland Springs State VA Zip Code 23075 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31884 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00

SUBTOTAL of Disbursements This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 296 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Patricia Williford

Mailing Address 1105 Mosby Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. AnthonyMartin

Mailing Address 638 Ridley Circle

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31969

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. AlexanderWilliams

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32067

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 297 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DouglasChapman		Transaction ID: D32295 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 2910 Woodrow St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Portsmouth State VA Zip Code 23324																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) DebraCleveland		Transaction ID: D32756 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 316 Killian Ave.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
40.00																						
City Portsmouth State VA Zip Code 23324																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) AnthonyHarris		Transaction ID: D32416 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 3017 Williams St		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Newport News State VA Zip Code 23607																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 298 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JolynLewis		Transaction ID: D32549 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545A 21st Street			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>180.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) MickeyHubbard		Transaction ID: D31848 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1617 Gay St.			
City Richmond	State VA	Zip Code 23223	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) LashaunHudson		Transaction ID: D32717 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>20.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 299 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Marilyn Taylor Full Name (Last, First, Middle Initial) Mailing Address 103 South Lake Ave. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32518 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
B. AntoineMack Full Name (Last, First, Middle Initial) Mailing Address 5610 Bayce Ln. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31859 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. TalibaBoone Full Name (Last, First, Middle Initial) Mailing Address 2601 Corprew Ave. City Norfolk State VA Zip Code 23504 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32557 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 300 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) NancyAlston		Transaction ID: D32509 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1104 Apperson Street		Amount of Each Disbursement this Period <div>160.00</div>
City Richmond State VA Zip Code 23223	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LatashaHarris		Transaction ID: D31948 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1188 Jelos Place		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) BarbaraCarter		Transaction ID: D32572 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3500 Deleware Ave.		Amount of Each Disbursement this Period <div>240.00</div>
City Richmond State VA Zip Code 23223	<div>Category/Type</div>	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>460.00</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 301 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BruceTyson		Transaction ID: D31993 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4622 Madison Ave		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) MarjorieJackson		Transaction ID: D32356 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1932 Redd St.		Amount of Each Disbursement this Period <div>120.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Mack Crounse Group		Transaction ID: D31635 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2006</div> </div>
Mailing Address 308 N View Terrace		Amount of Each Disbursement this Period <div>7350.00</div>
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement GOTV Doorhanger		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>7530.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 302 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Mack Crounse Group

Mailing Address 308 N View Terrace

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Exempt Grassroots Campaign Materials

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31638

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

7875.00

Full Name (Last, First, Middle Initial)

B. JohnWilliams

Mailing Address 209 Fairfield Ave.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31906

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. AliciaCastro

Mailing Address 2516 Bethel St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32345

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

8055.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 303 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. QuincyWhite

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. JasmineBell

Mailing Address 1113 Eggleston St.

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. KevinBell

Mailing Address 6225 Warwick Rd

City Richmond State VA Zip Code 23224

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

196.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 304 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JrickaBrane		Transaction ID: D31815 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) HadishaGordon		Transaction ID: D32582 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 143 Libbey Street		Amount of Each Disbursement this Period <div>270.00</div>
City Hampton State VA Zip Code 23663		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) JulieSoloman		Transaction ID: D32380 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3601 Edgeton Circle		Amount of Each Disbursement this Period <div>120.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>450.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 305 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. ChiokeMurray Full Name (Last, First, Middle Initial) Mailing Address 2214 Rosewood Ave City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32187 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
B. WALTERIAWiliford Full Name (Last, First, Middle Initial) Mailing Address 1714 Jacquelyn St. City Richmond State VA Zip Code 23222 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31902 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. ShondaRobinson Full Name (Last, First, Middle Initial) Mailing Address 2003 Stalham Rd. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32477 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
SUBTOTAL of Disbursements This Page (optional)		320.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 306 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DevonBrown		Transaction ID: D32211 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 4237 Sedgewyck Circle		Amount of Each Disbursement this Period <div>120.00</div>
City Portsmouth	State VA Zip Code 23324	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) CarnellPhillips		Transaction ID: D31866 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1453 Jennie Scher Rd		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond	State VA Zip Code 23231	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) AnnieGiles		Transaction ID: D32354 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2516 Bethel St.		Amount of Each Disbursement this Period <div>120.00</div>
City Richmond	State VA Zip Code 23223	
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>300.00</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 307 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. DontaviousAdams

Mailing Address 2726 High St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32284

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. NancyAlston

Mailing Address 1104 Apperson Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32740

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. MercedesJackson

Mailing Address 813 23rd Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32426

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 308 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Derick Leak Full Name (Last, First, Middle Initial) Mailing Address 2341 Seaboard Road City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31726 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 45.00
B. XavierLewis Full Name (Last, First, Middle Initial) Mailing Address 544 22nd St City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31968 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. LesterGudiel Full Name (Last, First, Middle Initial) Mailing Address 3207 Appleford Drive City Chester State VA Zip Code 23831 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32087 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		181.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 309 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) StevenDavis		Transaction ID: D32026 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) CarlHarrison		Transaction ID: D32306 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5384 Hanyen Dr.		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) RachardLewis		Transaction ID: D32552 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1716 Terminal Ave		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

376.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 310 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. AmyReger Full Name (Last, First, Middle Initial) Mailing Address 374 Lexington Road City Richmond State VA Zip Code 23226 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31799 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 50.00
B. KashundaPicott Full Name (Last, First, Middle Initial) Mailing Address 651 21st Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31978 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. CateedraLewis Full Name (Last, First, Middle Initial) Mailing Address 1716 Terminal Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32547 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00
SUBTOTAL of Disbursements This Page (optional)		290.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 311 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LawernceEpps		Transaction ID: D32407 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1511 Jefferson Ave		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) KennethMoore, Jr.		Transaction ID: D32252 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4533 West Norfolk Road		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Angellzard		Transaction ID: D32009 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 356 McKinnley Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Kenmore State NY Zip Code 14217	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 312 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KentaeDavis		Transaction ID: D32110 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2354 Fairfield Ave.		Amount of Each Disbursement this Period <div>80.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) LiceniaWade		Transaction ID: D32070 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) JaniceLuter		Transaction ID: D32431 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 717 20th Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 313 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Cassandra Bulloa

Mailing Address 1604 N. 28th St

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. James Willis

Mailing Address 2101 Jefferson Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32772

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

C. Bernard Robinson

Mailing Address 1130 37th Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32147

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 314 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RashayMorris		Transaction ID: D31864 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 206 Baker St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA	Zip Code 23220	<div>Category/ Type</div>
Purpose of Disbursement GOTV Worker			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
B. Full Name (Last, First, Middle Initial) LucilleDorsey		Transaction ID: D31935 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1710 B Ivy Ave		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News	State VA	Zip Code 23607	<div>Category/ Type</div>
Purpose of Disbursement GOTV Worker			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
C. Full Name (Last, First, Middle Initial) AngelaPrice		Transaction ID: D31869 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5705 Westover Village		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA	Zip Code 23225	<div>Category/ Type</div>
Purpose of Disbursement GOTV Worker			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		<div>180.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 315 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TakishaWilliams

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. TishaSmith

Mailing Address 1718 Hodges Ferry Rd.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32638

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Charlie Bryant

Mailing Address 7041 Mamie Blvd.

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32481

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 316 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) GelisaLewis		Transaction ID: D31965 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545A 21st Street		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) GelisaLewis		Transaction ID: D32429 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545A 21st Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) EricTunstall		Transaction ID: D32384 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2913 Hanes Ave.		Amount of Each Disbursement this Period <div>120.00</div>	
City Richmond State VA Zip Code 23222	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>300.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 317 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. RashikaMurphy

Mailing Address 771 West 51st Street

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. RacqueleonaClyburn

Mailing Address 545 Adams Dr. Apt 1B

City Newport News State VA Zip Code 23601

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32538

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. DontaeWilliams

Mailing Address 1222 29st

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 318 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. AmberFulgeon Full Name (Last, First, Middle Initial) Mailing Address 3029 Camelot Blvd. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32227 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MaryBailey Full Name (Last, First, Middle Initial) Mailing Address 1954 Reed St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31806 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Sarah MaeClyburn Full Name (Last, First, Middle Initial) Mailing Address 717 20st City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32400 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 319 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MalindaThornton Full Name (Last, First, Middle Initial) Mailing Address 700 Waterfront Circle Apt 1107 City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31991 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. Raven Prince Full Name (Last, First, Middle Initial) Mailing Address 6301 Edge Wood Dr. City Disputana State VA Zip Code 23842 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32799 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. NehretteWashington Full Name (Last, First, Middle Initial) Mailing Address 1102 Williamsburg Rd City Richmond State VA Zip Code 23231 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32751 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00

SUBTOTAL of Disbursements This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 320 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) OtisDowtin		Transaction ID: D32501 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1718 Hodges Ferry Rd.		Amount of Each Disbursement this Period <div>160.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) LanishaJenkins		Transaction ID: D32239 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3917 Raintree Court		Amount of Each Disbursement this Period <div>120.00</div>
City Norfolk State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) DariusParker		Transaction ID: D32181 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 723 Holbein Place		Amount of Each Disbursement this Period <div>100.00</div>
City Richmond State VA Zip Code 23225		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

380.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 321 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ArchieEdwards		Transaction ID: D32663 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1627 Wingfield Drive			
City Hampton	State VA	Zip Code 23661	Amount of Each Disbursement this Period <div>65.00</div>
Purpose of Disbursement GOTV Worker		<div> <div></div> <div>Category/ Type</div> </div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) JessicaPfefferkorn		Transaction ID: D32606 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3236 Fluvanna Circle			
City Virginia Beach	State VA	Zip Code 23456	Amount of Each Disbursement this Period <div>450.00</div>
Purpose of Disbursement GOTV Worker		<div> <div></div> <div>Category/ Type</div> </div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MSHC Partners, Inc		Transaction ID: D31634 Date of Disbursement <div> <div>10</div> <div>24</div> <div>2006</div> </div>	
Mailing Address 1101 14th St NW 3rd Floor			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period <div>20550.00</div>
Purpose of Disbursement Generic GOTV Direct Mail Production		<div> <div></div> <div>Category/ Type</div> </div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

21065.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 322 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DanielKnight		Transaction ID: D31960 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 624 44th Street		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News	State VA Zip Code 23607	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DanielKnight		Transaction ID: D31961 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 624 44th Street		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News	State VA Zip Code 23607	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) EvanNovak		Transaction ID: D32012 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 513 Appaloosa Trail		Amount of Each Disbursement this Period <div>60.00</div>
City Chesapeake	State VA Zip Code 23323	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>180.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 323 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. KatherineTapp Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32036 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
B. Aerielpayton Full Name (Last, First, Middle Initial) Mailing Address 5944 Lockamy Lane City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32257 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. JakeHolmes Full Name (Last, First, Middle Initial) Mailing Address 6255 Warwick Rd City Richmond State VA Zip Code 23225 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32116 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00

SUBTOTAL of Disbursements This Page (optional)

276.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 324 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BilalAbdullah		Transaction ID: D32130 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2101 Jefferson Ave			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>80.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) MarquisBarrett		Transaction ID: D32392 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 642 27th Street			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) BridgetFitzgerald		Transaction ID: D32348 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1017 St. John St.			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 325 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TerrellNicholas Full Name (Last, First, Middle Initial) Mailing Address 5000 Midlothian Turnpike Apt. 27 City Richmond State VA Zip Code 23224 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32369 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. AshleyCabler Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32724 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. ChristinaBanks Full Name (Last, First, Middle Initial) Mailing Address 2200 Orcutt Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32523 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 326 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. QuianaJohnson

Mailing Address 1217 Seaboard Ave.

City State Zip Code
Chesapeake VA 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. KierraFleetwood

Mailing Address 6435 Wellington Street

City State Zip Code
Norfolk VA 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. Sylviaree Frierson

Mailing Address 11270 Lamore Dr.

City State Zip Code
Disputana VA 23875

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 327 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) E. HowardMacklin II		Transaction ID: D32670 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 5 Gregory Court		Amount of Each Disbursement this Period <table border="1"> <tr> <td>65.00</td> </tr> </table>	65.00																			
65.00																						
City Hampton	State VA		Zip Code 23669																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
B. Full Name (Last, First, Middle Initial) PatrickShaughnessy		Transaction ID: D31878 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 6225 Warrick Rd		Amount of Each Disbursement this Period <table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																						
City Richmond	State VA		Zip Code 23224																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
C. Full Name (Last, First, Middle Initial) Angelene Coleman		Transaction ID: D32631 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 808 Bold St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00																			
40.00																						
City Portsmouth	State VA		Zip Code 23324																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>165.00</td> </tr> </table>	165.00																			
165.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 328 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DaShawnJohnson		Transaction ID: D31958 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 549 F 21st			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) YvonneTunstall		Transaction ID: D32693 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2913 Hanes Ave.			
City Richmond	State VA	Zip Code 23222	Amount of Each Disbursement this Period <div>20.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) SeanHolihan		Transaction ID: D32560 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 714 Shirley Ave.			
City Norfolk	State VA	Zip Code 23517	Amount of Each Disbursement this Period <div>180.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 329 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Tom A Anstrom

Mailing Address 517 Mowbray Arch

City Norfolk State VA Zip Code 23507-2134

Purpose of Disbursement
General Political Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31734

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. SandraLewis

Mailing Address 544 22nd Street
Apt C

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32576

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. AnnScott

Mailing Address 7721 Harrison Rd.

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32495

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 330 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DeneshaFountain		Transaction ID: D32678 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	7		2	0	0	6														
Mailing Address 1909 Fairfield Ave.		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																			
20.00																							
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) KiaMoore		Transaction ID: D32251 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	7		2	0	0	6														
Mailing Address 4533 West Norfolk Road		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>		120.00																			
120.00																							
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) CardellPatillo		Transaction ID: D32610 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	7		2	0	0	6														
Mailing Address 1509 Ellington Sq.		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">550.00</td> </tr> </table>		550.00																			
550.00																							
City Portsmouth State VA Zip Code 23701	Purpose of Disbursement GOTV Worker Candidate Name	<table border="1"> <tr> <td colspan="10">Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td colspan="10">690.00</td> </tr> </table>		690.00																			
690.00																							
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																					

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 331 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Chic A Sea Restaurants Inc.

Mailing Address 4400 Jefferson Avenue

City Newport News State VA Zip Code 23607

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

622.17

Full Name (Last, First, Middle Initial)

B. SandraBowen

Mailing Address 1433 Jefferson

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. JoeWiggins

Mailing Address 1253 36 Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

782.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 332 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CassandraBullock		Transaction ID: D32510 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1604 N. 28th St		Amount of Each Disbursement this Period <div>160.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Lillian Hayes		Transaction ID: D32115 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2306 Hildreth Street		Amount of Each Disbursement this Period <div>80.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) JamelAdams		Transaction ID: D32283 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2726 High St.		Amount of Each Disbursement this Period <div>120.00</div>
City Portsmouth State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>360.00</div>
TOTAL This Period (last page this line number only)		<div></div>

	21b		22		23		24		25		26
	27		28a		28b		28c		29		x 30b

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Jess Dobes

Mailing Address Frist Campus Center

City	State	Zip Code
Princeton	NJ	8544

Purpose of Disbursement	GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

B. Lisa West

Full Name (Last, First, Middle Initial)

Mailing Address 5815 Frament Ave
Apt.104

City	State	Zip Code
Norfolk	VA	23324

Purpose of Disbursement	GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2006

Amount of Each Disbursement this Period

160.00

C. Flora Bell

Full Name (Last, First, Middle Initial)

Mailing Address 1031 N.31st St.

City	State	Zip Code
Richmond	VA	23223

Purpose of Disbursement	GOTV Worker

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

296.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 334 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. KristenLeighton Full Name (Last, First, Middle Initial) Mailing Address 5801 Azalea Garden Rd. City Norfolk State VA Zip Code 23518 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32010 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. NastasiaJohnson Full Name (Last, First, Middle Initial) Mailing Address 1813 Westmoore St. City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31855 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. SharonHerman Full Name (Last, First, Middle Initial) Mailing Address 2081 Creighton Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31844 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional) ▶		180.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 335 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
mathew Wormley

Mailing Address 6225 Warwick Rd

City Richmond State VA Zip Code 23225

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

B. Full Name (Last, First, Middle Initial)
Andre Jackson

Mailing Address 1421 Sir-Kay Drive

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

C. Full Name (Last, First, Middle Initial)
Nicole Elliott

Mailing Address 3400 Brandywine Dr.

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32633

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 336 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Frank Muhammad Full Name (Last, First, Middle Initial) Mailing Address 255 - B Union Street Apt B City Hampton State VA Zip Code 23669 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32767 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00
B. Sheila Sanders Full Name (Last, First, Middle Initial) Mailing Address 143 Libbey St City Hampton State VA Zip Code 23663 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 45.00
C. Leon DHutchinson Full Name (Last, First, Middle Initial) Mailing Address 729 Greenwing Drive City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32489 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
SUBTOTAL of Disbursements This Page (optional)		270.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 337 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ValariaLassiter

Mailing Address 1615 Darren Dr.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32311

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. RenitaJohnson

Mailing Address 9507 Spendthrift Circle, #221

City Richmond State VA Zip Code 23294

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32722

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. AmandaHorton

Mailing Address 900 Darin Drive

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32237

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 338 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DariusParker Full Name (Last, First, Middle Initial) Mailing Address 723 Holbein Place City Richmond State VA Zip Code 23225 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32723 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. TerahJohnson Full Name (Last, First, Middle Initial) Mailing Address 2921 Hilliard Rd City Richmond State VA Zip Code 23228 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32720 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. KyleMillard Full Name (Last, First, Middle Initial) Mailing Address 2249 Wind Bridge Circle City Virginia Beach State VA Zip Code 23456 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32469 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 150.00
SUBTOTAL of Disbursements This Page (optional) ▶		190.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 339 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Tracy Pickle

Mailing Address 3704 Elkhorn Ave., # A

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32625

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. DaveRosen

Mailing Address 1829 Frist Campus Center

City Princeton State NJ Zip Code 8544

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32076

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

C. Latice Wilikerson

Mailing Address 1952 Redd Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32753

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 340 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. KenyaBell Full Name (Last, First, Middle Initial) Mailing Address 945 17th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31918 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. JoeWiggins Full Name (Last, First, Middle Initial) Mailing Address 1253 36 Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32577 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 240.00
C. AntwaunGriffin Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 27501 City Richmond State VA Zip Code 23261 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32611 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 560.00
SUBTOTAL of Disbursements This Page (optional)		860.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 341 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JosalynColeman		Transaction ID: D32102 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address GRC #485B 711 West Main Street		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) RaquanLewis		Transaction ID: D32553 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1716 Terminal Ave		Amount of Each Disbursement this Period <div>180.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) SteveRohloff		Transaction ID: D32373 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 6225 Warwick Rd		Amount of Each Disbursement this Period <div>120.00</div>
City Richmond State VA Zip Code 23225		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

376.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 342 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Reginald Pitts Full Name (Last, First, Middle Initial) Mailing Address 2220 Rosetta St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31868 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. Lakeisha Washington Full Name (Last, First, Middle Initial) Mailing Address 1014 Bowie Place City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32278 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. Taylor Scott Full Name (Last, First, Middle Initial) Mailing Address 2601 Kensington Ave. City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31877 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		240.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 343 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. YasmineTaliaferro

Mailing Address 528 - 21st

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. DominickSmith

Mailing Address 3413 N. 21st St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. KeneethMoore

Mailing Address 4533 West Norfolk Road

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 344 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) ChristineMiller		Transaction ID: D32766 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1322 22nd Street		Amount of Each Disbursement this Period <div>65.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) JosephWilliams		Transaction ID: D32128 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2414 North 28th Street		Amount of Each Disbursement this Period <div>80.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) AngieMancipe		Transaction ID: D32090 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>76.00</div>	
City Chester State VA Zip Code 23831	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>221.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 345 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Letisha Williams		Transaction ID: D32329 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1114 Alcindor Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) KevinRodwell-Simon		Transaction ID: D32563 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 33C Continental Drive		Amount of Each Disbursement this Period <div>180.00</div>	
City Hampton State VA Zip Code 23669	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) L.Fousch		Transaction ID: D32191 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>100.00</div>	
City Chester State VA Zip Code 23831	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>400.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 346 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Bernard Robinson		Transaction ID: D32708 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1130 37th Street		Amount of Each Disbursement this Period <div>20.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DarwinDuck		Transaction ID: D32542 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address #2 28St Newport Towers		Amount of Each Disbursement this Period <div>180.00</div>
City Newport News State VA Zip Code 23607		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) SpondellaWiliford		Transaction ID: D32752 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1714 Jacquelin St.		Amount of Each Disbursement this Period <div>40.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>240.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 347 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. RomonaLivermon Full Name (Last, First, Middle Initial) Mailing Address 103 Golden Gate Drive Apt 104 City Hampton State VA Zip Code 23663 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32430 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. DavidMills Full Name (Last, First, Middle Initial) Mailing Address 2820 East Marshall St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32464 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 140.00
C. JaredBarber Full Name (Last, First, Middle Initial) Mailing Address 408A Dobson St. City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32101 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
SUBTOTAL of Disbursements This Page (optional)		336.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 348 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. AngelWhitehead

Mailing Address 3221 Dogwood Dr.

City Portsmouth State VA Zip Code 23703

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32594

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

B. AndreJasper

Mailing Address 1102 Williamsburg Rd.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32357

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. StewartAdams

Mailing Address 1128 Chisholm Cir.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32496

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

640.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 349 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. GaryMclean

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. JosephWilliams

Mailing Address 2414 North 28th Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. QuinshawnSmith

Mailing Address 1935 Repp Circle

City Highland Springs State VA Zip Code 23075

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 350 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LindaWatson		Transaction ID: D32771 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 76 Maple Ave		Amount of Each Disbursement this Period <div>65.00</div>
City Newport News	State VA Zip Code 23607	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Monique Hill		Transaction ID: D32063 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond	State VA Zip Code 23220	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Angelique Byers		Transaction ID: D32794 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3225 Field Rd		Amount of Each Disbursement this Period <div>60.00</div>
City Petersburg	State VA Zip Code 23805	
Purpose of Disbursement GOTV Worker		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

201.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 351 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CarlWhitehead		Transaction ID: D32595 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3225 Dogwood Dr.		Amount of Each Disbursement this Period <div>360.00</div>	
City Portsmouth	State VA		Zip Code 23703
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) ClintonGrant		Transaction ID: D32231 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 7721 Harrison Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) David John Mills		Transaction ID: D31658 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2006</div> </div>	
Mailing Address 2300 East Cary Street Apartment #523		Amount of Each Disbursement this Period <div>1541.48</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement Payroll			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

2021.48

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 352 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. David John Mills

Mailing Address 2300 East Cary Street
Apartment #523

City Richmond State VA Zip Code 23223

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31745

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1541.48

Full Name (Last, First, Middle Initial)

B. Danielle Warlick

Mailing Address 1061 Piper Lane

City Lawrenceville State GA Zip Code 30043

Purpose of Disbursement
Canvassing Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

C. Danielle Warlick

Mailing Address 1061 Piper Lane

City Lawrenceville State GA Zip Code 30043

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31709

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.00

SUBTOTAL of Disbursements This Page (optional)

2301.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 353 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Charlie Bryant Full Name (Last, First, Middle Initial) Mailing Address 7041 Mamie Blvd. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32764 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
B. Mary AnnRichardson Full Name (Last, First, Middle Initial) Mailing Address 7041 Mamie Blvd. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32264 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. LindaWatson Full Name (Last, First, Middle Initial) Mailing Address 76 Maple Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32533 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 354 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) TobiasYoung		Transaction ID: D31911 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2522 Bethel St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) ClintonBryant		Transaction ID: D32666 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2101 12C Kecoughtan		Amount of Each Disbursement this Period <div>65.00</div>	
City Hampton	State VA		Zip Code 23661
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) MarkHomas		Transaction ID: D31846 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 6225 Warwick Rd		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23225
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>185.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 355 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DavidKeyes Full Name (Last, First, Middle Initial) Mailing Address 6255 Warwick Rd. City Richmond State VA Zip Code 23225 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31856 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. RandallWhitting Full Name (Last, First, Middle Initial) Mailing Address 2533 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32694 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. Tammy Jenkins Full Name (Last, First, Middle Initial) Mailing Address 1332 Tree Ridge Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32685 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
SUBTOTAL of Disbursements This Page (optional)		100.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 356 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Anastasia Waterfield		Transaction ID: D31732 Date of Disbursement <div> <div>11</div> <div>04</div> <div>2006</div> </div>	
Mailing Address 2628 Pender Dr		Amount of Each Disbursement this Period <div>160.00</div>	
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement GOTV Stipend Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) MelissaDale		Transaction ID: D32403 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1103 James Drive		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) E. HowardMacklin II		Transaction ID: D32571 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 5 Gregory Court		Amount of Each Disbursement this Period <div>220.00</div>	
City Hampton State VA Zip Code 23669	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 357 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AlbertLok		Transaction ID: D32052 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 710 W. Franklin St		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) TerrellDebrew		Transaction ID: D32541 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 544 C 22nd Street		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) NubiaEtheridge		Transaction ID: D32223 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1403 Ekstine Drive		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

376.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 358 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. BernettaWalker Full Name (Last, First, Middle Initial) Mailing Address 3300 Bell Harbour Cir. City Suffolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32205 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. CourtneyMcCay Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32184 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
C. DanielThornton Full Name (Last, First, Middle Initial) Mailing Address 830 27th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32555 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00
SUBTOTAL of Disbursements This Page (optional)		400.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 359 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. PemberlyFountain

Mailing Address 1909 Fairfield Ave.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32351

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. CurtisHuff

Mailing Address 107 West Broad St.
Apt. 410

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32739

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. MonchelleLewis

Mailing Address 545A 21st Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32550

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 360 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) WilliePierce		Transaction ID: D32317 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address Fernwood Dr.			
City Chesapeake	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Alyssoy Vogt		Transaction ID: D32103 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 226 C. Street NE #2			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) JoshuaLachowski		Transaction ID: D32059 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3803 Seasigh Ct			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/ Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>272.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 361 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. LaurieWallmark Full Name (Last, First, Middle Initial) Mailing Address 1 Country Club Drive City Ringoes State NJ Zip Code 8511 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32189 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
B. TivernTurnbull Full Name (Last, First, Middle Initial) Mailing Address 139 Libbey Street City Hampton State VA Zip Code 23663 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32470 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 150.00
C. Willie MaeClyburn Full Name (Last, First, Middle Initial) Mailing Address 1706 Terminal Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32402 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		370.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 362 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AdrianHilliard		Transaction ID: D32421 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 544 14th Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) KaliMatalon		Transaction ID: D32601 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2512 Los Carrales Court		Amount of Each Disbursement this Period <div>420.00</div>	
City Virginia Beach State VA Zip Code 23456	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) ErnestineDavis		Transaction ID: D32220 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 641 W. 34th Street		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 363 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TonishaReid Full Name (Last, First, Middle Initial) Mailing Address 1615 Darren Dr. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32320 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. KeithWilliams Full Name (Last, First, Middle Initial) Mailing Address 539 G - 19th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32002 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Sparkle Jenkins Full Name (Last, First, Middle Initial) Mailing Address 1428 W 27th St APT A City Norfolk State VA Zip Code 23508-2330 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31723 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 90.00

SUBTOTAL of Disbursements This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 364 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JeffThondique		Transaction ID: D32054 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) JoyceJohnson		Transaction ID: D32686 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2309 Crighton Rd.		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) SandraLewis		Transaction ID: D32669 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 544 22nd Street Apt C		Amount of Each Disbursement this Period <div>65.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

161.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 365 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Ralene Browder Full Name (Last, First, Middle Initial) Mailing Address 537 Cedar Rd. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32472 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
B. Kevin Banks Full Name (Last, First, Middle Initial) Mailing Address 5944 Lockamy Lane City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32761 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
C. Marilyn Bailey Full Name (Last, First, Middle Initial) Mailing Address 1524 Coalter St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31805 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		260.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 366 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Mr. Jay B Myerson

Mailing Address 11860 Sunrise Valley Dr.
STE 100

City Reston State VA Zip Code 20191-3308

Purpose of Disbursement
Election-Related Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. SheldrianWilims

Mailing Address 1014 Bowie Place

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32279

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. NehretteWashington

Mailing Address 1102 Williamsburg Rd

City Richmond State VA Zip Code 23231

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

10280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 367 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. MichaelMedley

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. Rha'ShawnCotton

Mailing Address 655 43rd Street

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31930

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. KerionWalston

Mailing Address 801 Lassiter Drive

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32445

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 368 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. NiricoelBowman Full Name (Last, First, Middle Initial) Mailing Address 2512 Moton Street City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32210 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. KennethReid Full Name (Last, First, Middle Initial) Mailing Address 830 27th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32769 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00
C. Taliba Boone Full Name (Last, First, Middle Initial) Mailing Address 1807 West Genesee St City Flint State MI Zip Code 48504 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31592 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 160.00

SUBTOTAL of Disbursements This Page (optional)

345.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 369 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Taliba Boone

Mailing Address 1807 West Genesee St

City Flint State MI Zip Code 48504

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31706

Date of Disbursement

/ /

Amount of Each Disbursement this Period

390.00

Full Name (Last, First, Middle Initial)

B. CliffordBarnett

Mailing Address 2803 Willows Arch

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. AmariAklin

Mailing Address 50 Tupelo Circle

City Hampton State VA Zip Code 23666

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 370 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MalindaThornton Full Name (Last, First, Middle Initial) Mailing Address 700 Waterfront Circle Apt 1107 City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32709 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. Ian Jordan Full Name (Last, First, Middle Initial) Mailing Address 1445 Reynard Crescent City Virginia Beach State VA Zip Code 23451 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32157 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 90.00
C. WhitneyBell Full Name (Last, First, Middle Initial) Mailing Address 945 17th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31919 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		170.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 371 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) RyantCarr		Transaction ID: D32294 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 723 South St. Apt. B			
City Portsmouth	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) AndrewHardy		Transaction ID: D31945 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1121 35th Street			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) AnnScott		Transaction ID: D32626 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 7721 Harrison Rd.			
City Norfolk	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>40.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 372 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CarolynAllen		Transaction ID: D32287 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1134 Chisholm Cir.		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) BarbaraHarris		Transaction ID: D32701 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 874 35th Street		Amount of Each Disbursement this Period <div>20.00</div>	
City Newport News	State VA		Zip Code 23607
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) RaleneBrowder		Transaction ID: D32755 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 537 Cedar Rd.		Amount of Each Disbursement this Period <div>40.00</div>	
City Chesapeake	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>180.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 373 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DouglasHicks		Transaction ID: D31845 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2518 Bethel St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) MauriceBrowder, Sr.		Transaction ID: D31790 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 537 Cedar Rd.		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake State VA Zip Code 23324	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) PamelaGrarnette		Transaction ID: D32179 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 8221 Whistler Road		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond State VA Zip Code 23227	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>280.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 374 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. MekaOnescu Full Name (Last, First, Middle Initial) Mailing Address Frist Campus Center City Princeton State NJ Zip Code 8544 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32730 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. Molly Simmons Full Name (Last, First, Middle Initial) Mailing Address 317 34th St City Virginia Beach State VA Zip Code 23451 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31607 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 220.00
C. Molly Simmons Full Name (Last, First, Middle Initial) Mailing Address 317 34th St City Virginia Beach State VA Zip Code 23451 Purpose of Disbursement GOTV Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31710 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 550.00
SUBTOTAL of Disbursements This Page (optional)		790.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 375 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Annette Bullock

Mailing Address 1823 N. 29th Street

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32107

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. KendraEason

Mailing Address 407 W. 34th Street

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32222

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. ChennelleCook

Mailing Address 2106 Accomodation St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31824

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 376 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) BreannaFutrell		Transaction ID: D32411 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 50 Tupelo Cir		Amount of Each Disbursement this Period <div>120.00</div>	
City Hampton State VA Zip Code 23666	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) JamesWillis		Transaction ID: D32535 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2101 Jefferson Ave		Amount of Each Disbursement this Period <div>160.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) WilnetMiller		Transaction ID: D31862 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4706 Mason Dr.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>340.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 377 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) KentaeDavis		Transaction ID: D32677 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2354 Fairfield Ave.		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) ClaireChapman		Transaction ID: D32166 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 21110 W. Cary St		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) KristalLee		Transaction ID: D32141 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 50 Tupelo Circle		Amount of Each Disbursement this Period <div>80.00</div>	
City Hampton	State VA		Zip Code 23666
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 378 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. AquirraLundy Full Name (Last, First, Middle Initial) Mailing Address 104 Spring Forrest Ct. Apt. D City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32366 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. SyrettaHill Full Name (Last, First, Middle Initial) Mailing Address 1422 Lake Forest Drive City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32235 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. RyceanScott Full Name (Last, First, Middle Initial) Mailing Address 1808 Terminal Ave City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31985 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 379 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Lottie Jackson		Transaction ID: D31850 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1109 Mosby Ct.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Kenny Nichols		Transaction ID: D32458 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1326 w 26th st		Amount of Each Disbursement this Period <div>136.00</div>	
City Norfolk	State VA		Zip Code 23508
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Andre Jackson		Transaction ID: D32622 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1421 Sir-Kay Drive		Amount of Each Disbursement this Period <div>40.00</div>	
City Chesapeake	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>236.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 380 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. KennyHenry Full Name (Last, First, Middle Initial) Mailing Address 4240 Sedgewyck Circle City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32233 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. NiricoelClements Full Name (Last, First, Middle Initial) Mailing Address 2512 Moton Street City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32484 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
C. LisaMatthews Full Name (Last, First, Middle Initial) Mailing Address 701 Nickoles Lane City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32246 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 381 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Caressa Jennings

Mailing Address 1500 N. Lombardy St
VUU

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32068

Date of Disbursement

/ /

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

B. Brenner Tobe

Mailing Address 4703 New Kent Ave

City Richmond State VA Zip Code 23225-3209

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31663

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2131.46

Full Name (Last, First, Middle Initial)

C. Brenner Tobe

Mailing Address 4703 New Kent Ave

City Richmond State VA Zip Code 23225-3209

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31749

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2131.46

SUBTOTAL of Disbursements This Page (optional)

4338.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 382 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Angelene Coleman

Mailing Address 808 Bold St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32500

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. ChristinaBanks

Mailing Address 2200 Orcutt Ave

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32640

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. MikeDesantas

Mailing Address 500 Frist Campus Center

City Princeton State NJ Zip Code 8544

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32727

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 383 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DejuanTillman		Transaction ID: D32033 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1500 N Lombardy Street VUU		Amount of Each Disbursement this Period <div>76.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) JerardElliott		Transaction ID: D32299 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3400 Brandywine Dr.		Amount of Each Disbursement this Period <div>120.00</div>
City Chesapeake State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) RubenSajnia-Chevere		Transaction ID: D32085 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 3207 Appleford Drive		Amount of Each Disbursement this Period <div>76.00</div>
City Chester State VA Zip Code 23831		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>272.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 384 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Matthew Harris Full Name (Last, First, Middle Initial) Mailing Address 637 Milford Ave City Hampton State VA Zip Code 23661 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32418 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. Walter Barnett Full Name (Last, First, Middle Initial) Mailing Address 2803 Willows Arch City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32208 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. Tiffany Gibbs Full Name (Last, First, Middle Initial) Mailing Address 5384 Hanyen Dr. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32503 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
SUBTOTAL of Disbursements This Page (optional)		400.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 385 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) SandreDebrew		Transaction ID: D32540 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 544 C 22nd Street		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) CassandraBulloa		Transaction ID: D32673 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1604 N. 28th St		Amount of Each Disbursement this Period <div>20.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) ShawnettaBagley		Transaction ID: D31804 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2601 Kensington Ave.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond State VA Zip Code 23220	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>260.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 386 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Christina E Rieland

Mailing Address 9232 Burkman Ave
Apt B

City Norfolk State VA Zip Code 23503

Purpose of Disbursement
Canvassing Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31595

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. Christina E Rieland

Mailing Address 9232 Burkman Ave
Apt B

City Norfolk State VA Zip Code 23503

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31707

Date of Disbursement

11 / 04 / 2006

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Caitlin Cummings

Mailing Address Watson Hall, UVA

City Charlottesville State VA Zip Code 22093

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32091

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

76.00

SUBTOTAL of Disbursements This Page (optional)

666.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 387 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. CynthiaBanks Full Name (Last, First, Middle Initial) Mailing Address 3514 Bart Street City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32207 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MamieWoods Full Name (Last, First, Middle Initial) Mailing Address 6217 Wendharpe Dr. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32282 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. DesmondBrown Full Name (Last, First, Middle Initial) Mailing Address 655 Ridley Circle City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31921 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 388 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. SherryMurphy Full Name (Last, First, Middle Initial) Mailing Address 2704 Charleston Ave. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32254 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. MosesSykes Full Name (Last, First, Middle Initial) Mailing Address 678 D Aqua Drive City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32531 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
C. PhillipWilliams Full Name (Last, First, Middle Initial) Mailing Address 1114 Alcindor Rd. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32330 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		400.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 389 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TreyMcIntyre

Mailing Address 4101 Sue Cres.

City State Zip Code
Chesapeake VA 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. MicahScott

Mailing Address 7041 Mamie Blvd.

City State Zip Code
Norfolk VA 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32268

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. David Russell

Mailing Address 1811 Marshall Ave

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31698

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1740.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 390 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Nate Palin Full Name (Last, First, Middle Initial) Mailing Address 1216 Curie Ct. City Norfolk State VA Zip Code 23513 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32152 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 90.00
B. CalvinWalker Full Name (Last, First, Middle Initial) Mailing Address 831 Palace Ct City Newport News State VA Zip Code 23608 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32053 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 76.00
C. Blanche Saunders Full Name (Last, First, Middle Initial) Mailing Address 208 Wynn Street City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32665 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 65.00
SUBTOTAL of Disbursements This Page (optional)		231.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 391 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CliffordBarnett, Jr.		Transaction ID: D32209 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2803 Willows Arch		Amount of Each Disbursement this Period <div>120.00</div>	
City Chesapeake State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) BethLewis		Transaction ID: D32546 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1716 Terminal Ave		Amount of Each Disbursement this Period <div>180.00</div>	
City Newport News State VA Zip Code 23607	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Lucrecia Carr		Transaction ID: D32629 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 723 South St. Apt. B		Amount of Each Disbursement this Period <div>40.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>340.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 392 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. YillaSmith Full Name (Last, First, Middle Initial) Mailing Address 649 E. Leicester Ave. Apt. B9 City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32506 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 160.00
B. SamTunstall Full Name (Last, First, Middle Initial) Mailing Address 3601 Edgeton Circle City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32385 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. BettySquire Full Name (Last, First, Middle Initial) Mailing Address 1600 N.27th St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32466 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 393 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. MarilynLewis

Mailing Address 545 21st Street
Apt A

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. EvelynRobinson

Mailing Address 3413 N. 21st St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32691

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. JimmieWhitby

Mailing Address 1716 Terminal Avenue

City Newport News State VA Zip Code 23602

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32534

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 394 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JimmieWhitby		Transaction ID: D31997 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1716 Terminal Avenue		Amount of Each Disbursement this Period <div>60.00</div>	
City Newport News State VA Zip Code 23602	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) AntonioMitchell		Transaction ID: D32247 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1021 Winward Road		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Charnae'Clark		Transaction ID: D32216 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4240 Sedgewyck Circle		Amount of Each Disbursement this Period <div>120.00</div>	
City Portsmouth State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>300.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 395 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CharmaineForeman		Transaction ID: D32226 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 2322 Rush Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Norfolk	State VA		Zip Code 23324																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
B. Full Name (Last, First, Middle Initial) DerendaCaleb		Transaction ID: D32343 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address PO Box 8133		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Richmond	State VA		Zip Code 23223																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
C. Full Name (Last, First, Middle Initial) DujunBrooks		Transaction ID: D32032 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	7		2	0	0	6													
Mailing Address 1500 N Lombardy Street VUU		Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.00</td> </tr> </table>	76.00																			
76.00																						
City Richmond	State VA		Zip Code 23220																			
Purpose of Disbursement GOTV Worker			<input type="checkbox"/> Category/ Type																			
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>316.00</td> </tr> </table>	316.00																			
316.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 396 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Aaron Reese Full Name (Last, First, Middle Initial) Mailing Address 7460 Rosefield Dr. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32263 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. Timothy Hailey Full Name (Last, First, Middle Initial) Mailing Address 524 A 21st St City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31943 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Tiffany Woodson Full Name (Last, First, Middle Initial) Mailing Address 2601 Cerprew Ave #3025C City Norfolk State VA Zip Code 23504 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31594 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 397 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. MoniqueFulgeon

Mailing Address 3029 Camelot Blvd.

City State Zip Code
Chesapeake VA 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. ReginaldFletcher

Mailing Address 97 D 28th Street

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. DeborahWayland

Mailing Address 2313 B Westwood Ave.

City State Zip Code
Richmond VA 23230

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32149

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 398 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. WesleySmith Full Name (Last, First, Middle Initial) Mailing Address 1102 Williamsburg Rd. City Richmond State VA Zip Code 23231 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32379 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. IrvingBowser Full Name (Last, First, Middle Initial) Mailing Address 2726 High St. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32291 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. Amanda Priest Full Name (Last, First, Middle Initial) Mailing Address 921 Darby Road City Virginia Beach State VA Zip Code 23461 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32014 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 399 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) LijiRedd		Transaction ID: D31871 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 2081 Creighton Rd.		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DiontaeWashington		Transaction ID: D31896 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 1529 N. 20th St.		Amount of Each Disbursement this Period <div>60.00</div>
City Richmond State VA Zip Code 23223		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) De'VonUpshur		Transaction ID: D31994 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>
Mailing Address 154 Nantucket Place		Amount of Each Disbursement this Period <div>60.00</div>
City Newport News State VA Zip Code 23606		
Purpose of Disbursement GOTV Worker		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 400 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) CorinaTyree-Williams		Transaction ID: D32274 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3642 Sharpley Lane			
City Norfolk	State VA	Zip Code 23324	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) CharmicaEpps		Transaction ID: D32065 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>76.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) TonyOby		Transaction ID: D32183 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2316 Cecil Road			
City Richmond	State VA	Zip Code 23220	Amount of Each Disbursement this Period <div>100.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

296.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 401 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) AnthonyFloyd		Transaction ID: D32408 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1027 23st			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>120.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) TimothyBrown		Transaction ID: D31923 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1014 35th Street			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>60.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) AngelaHarris		Transaction ID: D32526 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3017 Williams St.			
City Newport News	State VA	Zip Code 23607	Amount of Each Disbursement this Period <div>160.00</div>
Purpose of Disbursement GOTV Worker		<div>Category/Type</div>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 402 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. MarquitaMcConico

Mailing Address 228 Chowan Trace
Apt. B

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32505

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

B. AlyciaGardner

Mailing Address 3545 Byrnbrae Drive

City Virginia Beach State VA Zip Code 23464

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

Full Name (Last, First, Middle Initial)

C. Ladonya Winston

Mailing Address 1045 W 37th St
Apt 1

City Norfolk State VA Zip Code 23508

Purpose of Disbursement
Canvassing Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31591

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 403 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Ladonya Winston		Transaction ID: D31705 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	6													
Mailing Address 1045 W 37th St Apt 1		Amount of Each Disbursement this Period <table border="1"> <tr> <td>590.00</td> </tr> </table>	590.00																			
590.00																						
City Norfolk State VA Zip Code 23508																						
Purpose of Disbursement GOTV Stipend																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) SheralineGayle		Transaction ID: D31942 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 530 19th Street Apt H		Amount of Each Disbursement this Period <table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																						
City Newport News State VA Zip Code 23607																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) LorettaHilliard		Transaction ID: D32422 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 544 14th Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																						
City Newport News State VA Zip Code 23607																						
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>770.00</td> </tr> </table>	770.00																			
770.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 404 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
KeishaScott

Mailing Address 2003 Beck Drive

City State Zip Code
Richmond VA 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32692

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

B. Full Name (Last, First, Middle Initial)
EzraSanders

Mailing Address 544 14th Street

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

C. Full Name (Last, First, Middle Initial)
WilliamBryant

Mailing Address 1212 32nd Street

City State Zip Code
Newport News VA 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 405 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ThadtigussLews

Mailing Address 545 A - 21st St

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. JazmineWilliams

Mailing Address 106 Whimbrel Drive

City Suffolk State VA Zip Code 23435

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32001

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. YvetteWebster

Mailing Address 2223 Creighton Rd

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 406 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. TonyOby

Mailing Address 2316 Cecil Road

City Richmond State VA Zip Code 23220

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32725

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CaitlinLewis

Mailing Address 1132 Chatmoss Drive

City Virginia Beach State VA Zip Code 23464

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D32449

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. BeverlyDavis

Mailing Address 405 Russell St.

City Portsmouth State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: D31793

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 407 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DevinSmith Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32719 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
B. CharlieGarner Full Name (Last, First, Middle Initial) Mailing Address 2414 Maplewood Av City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32679 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 20.00
C. JackieCoker Full Name (Last, First, Middle Initial) Mailing Address 1500 N. Lombardy St VUU City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32652 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
SUBTOTAL of Disbursements This Page (optional)		80.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 408 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TacoryScott Full Name (Last, First, Middle Initial) Mailing Address 1032 Hampton Ave. City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32148 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
B. VincentRoss Full Name (Last, First, Middle Initial) Mailing Address 490 Orcutt Lane City Richmond State VA Zip Code 23224 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
C. Derek King Full Name (Last, First, Middle Initial) Mailing Address 303 NW 2nd St City Milford State DE Zip Code 19963 Purpose of Disbursement Canvassing Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31598 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 200.00

SUBTOTAL of Disbursements This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 409 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Derek King		Transaction ID: D31711 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	6													
Mailing Address 303 NW 2nd St		Amount of Each Disbursement this Period <table border="1"> <tr> <td>320.00</td> </tr> </table>	320.00																			
320.00																						
City Milford State DE Zip Code 19963	Category/Type <table border="1"> <tr> <td></td> </tr> </table>																					
Purpose of Disbursement GOTV Stipend																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) L.Jackson		Transaction ID: D31849 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 2535 Bethel St.		Amount of Each Disbursement this Period <table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																						
City Richmond State VA Zip Code 23223	Category/Type <table border="1"> <tr> <td></td> </tr> </table>																					
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) AlishaCooper		Transaction ID: D32064 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.00</td> </tr> </table>	76.00																			
76.00																						
City Richmond State VA Zip Code 23220	Category/Type <table border="1"> <tr> <td></td> </tr> </table>																					
Purpose of Disbursement GOTV Worker																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>456.00</td> </tr> </table>	456.00																			
456.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 410 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) OllieRaymond		Transaction ID: D31870 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4666 McHerrin Rd.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) DavanaYoung		Transaction ID: D32459 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2521 Bethel St.		Amount of Each Disbursement this Period <div>140.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) RogerThomas		Transaction ID: D31892 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1907 Whitcomb St.		Amount of Each Disbursement this Period <div>60.00</div>	
City Richmond	State VA		Zip Code 23223
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 411 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Patricia Jackson Full Name (Last, First, Middle Initial) Mailing Address 2023 Accomodation St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31851 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. Ravone Wilkerson Full Name (Last, First, Middle Initial) Mailing Address 3000 E. Broad St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Tevin Phillips Full Name (Last, First, Middle Initial) Mailing Address 3405 E. Broad Rock Rd City Richmond State VA Zip Code 23224 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31867 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		180.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 412 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. StewartAdams Full Name (Last, First, Middle Initial) Mailing Address 1128 Chisholm Cir. City Portsmouth State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32627 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
B. TomWhipple Full Name (Last, First, Middle Initial) Mailing Address 3556 N. Valley St City Arlington State VA Zip Code 22207 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32151 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 80.00
C. IsaacSarver Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1044 City Dublin State VA Zip Code 24084 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32564 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 180.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 413 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. TonyaGivens Full Name (Last, First, Middle Initial) Mailing Address 3336 Nine Mile Rd. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31837 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. DeondreJackson Full Name (Last, First, Middle Initial) Mailing Address 2535 Bethel St. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32355 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
C. HelenaPayton Full Name (Last, First, Middle Initial) Mailing Address 1014 Bowie Place City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32258 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
SUBTOTAL of Disbursements This Page (optional)		300.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 414 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) PatriceBaltimore		Transaction ID: D32170 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>100.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) AdrienMorris		Transaction ID: D32060 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1500 N. Lombardy St VUU		Amount of Each Disbursement this Period <div>76.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) DestinyWarren		Transaction ID: D32276 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 973 Teal Ct.		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk	State VA		Zip Code 23324
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>296.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 415 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Faith Wilson Full Name (Last, First, Middle Initial) Mailing Address 1730 Berkley Ave City Norfolk State VA Zip Code 23509 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32456 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 136.00
B. NathanielWatkins Full Name (Last, First, Middle Initial) Mailing Address 612 N Hancock St City Richmond State VA Zip Code 23220 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32165 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 100.00
C. JoshuaWarren Full Name (Last, First, Middle Initial) Mailing Address 973 Teal Ct. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32277 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

356.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 416 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. ElizabethHare Full Name (Last, First, Middle Initial) Mailing Address 611 Oleander Circle City Virginia Beach State VA Zip Code 23464 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32578 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 240.00
B. RogerWilliams Full Name (Last, First, Middle Initial) Mailing Address 716 31st Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32003 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. MontaeHarris Full Name (Last, First, Middle Initial) Mailing Address 637 Milford Ave City Hampton State VA Zip Code 23661 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32420 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 417 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DeshawnLewis		Transaction ID: D32313 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 4513 Miles Ave.		Amount of Each Disbursement this Period <div>120.00</div>	
City Suffolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Brianna Wimbush		Transaction ID: D32804 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address PO Box 3135		Amount of Each Disbursement this Period <div>60.00</div>	
City Petersburg State VA Zip Code 23805	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) KianaHinton		Transaction ID: D32236 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 837 Barker Road		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 418 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. ArchieEdwards Full Name (Last, First, Middle Initial) Mailing Address 1627 Wingfield Drive City Hampton State VA Zip Code 23661 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32589 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 320.00
B. Anthem Health Keepers Full Name (Last, First, Middle Initial) Mailing Address PO Box 17499 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31776 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 2343.17
C. JazmineElliott Full Name (Last, First, Middle Initial) Mailing Address 3400 Brandywine Dr. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32298 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00

SUBTOTAL of Disbursements This Page (optional)

2783.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 419 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) YvonneTunstall		Transaction ID: D32519 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2913 Hanes Ave.		Amount of Each Disbursement this Period <div>160.00</div>	
City Richmond State VA Zip Code 23222	Purpose of Disbursement GOTV Worker		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Jerry Pickle		Transaction ID: D32259 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3704 Elkhorn Ave., # A		Amount of Each Disbursement this Period <div>120.00</div>	
City Norfolk State VA Zip Code 23324	Purpose of Disbursement GOTV Worker		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) BarbaraCarter		Transaction ID: D32743 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 3500 Deleware Ave.		Amount of Each Disbursement this Period <div>40.00</div>	
City Richmond State VA Zip Code 23223	Purpose of Disbursement GOTV Worker		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>320.00</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 420 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) DerekHyman Mailing Address 1333 28th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32645 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>40.00</div>
B. Full Name (Last, First, Middle Initial) DeshawnGreene Mailing Address 3112 Gaston Dr. City Chesapeake State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32305 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>120.00</div>
C. Full Name (Last, First, Middle Initial) LucyCruz Mailing Address 3207 Appleford Drive City Chester State VA Zip Code 23831 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32190 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>100.00</div>

SUBTOTAL of Disbursements This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 421 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. AndrewCotman

Mailing Address 2122 Accomodation St.

City Richmond State VA Zip Code 23223

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. JustinElliott

Mailing Address 3400 Brandywine Dr.

City Chesapeake State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. DeboraMcCargo

Mailing Address 5000 Midlothian Turnpike
Apt. 27

City Richmond State VA Zip Code 23224

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D31861

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 422 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ChanitaMedley

Mailing Address 538 Apt H 22nd

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32568

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. BreahHarrison

Mailing Address 5384 Hanyen Dr.

City Norfolk State VA Zip Code 23324

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. SimoneDreher

Mailing Address 143 Town Sq Drive

City Newport News State VA Zip Code 23607

Purpose of Disbursement
GOTV Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D32133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 423 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. EIWILLIAMS Full Name (Last, First, Middle Initial) Mailing Address 106 Whimbrel Drive City Suffolk State VA Zip Code 23435 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32000 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
B. TIFFANYGIBBS Full Name (Last, First, Middle Initial) Mailing Address 5384 Hanyen Dr. City Norfolk State VA Zip Code 23324 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32634 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 40.00
C. ANDRETAYLOR Full Name (Last, First, Middle Initial) Mailing Address 1102 Williamsburg Rd. City Richmond State VA Zip Code 23231 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31887 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		160.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 424 / 743

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) HenryWarner		Transaction ID: D32580 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 139 Libbey Street		Amount of Each Disbursement this Period <div>240.00</div>	
City Hampton	State VA		Zip Code 23663
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Daloka Harris		Transaction ID: D32797 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 6301 Edge Wood Dr.		Amount of Each Disbursement this Period <div>60.00</div>	
City Disputana	State VA		Zip Code 23842
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) K'SharaJarman		Transaction ID: D31956 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 132 Garrett Drive		Amount of Each Disbursement this Period <div>60.00</div>	
City Hampton	State VA		Zip Code 23669
Purpose of Disbursement GOTV Worker			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>360.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 425 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. DavidValentine Full Name (Last, First, Middle Initial) Mailing Address 554 A - 17th Street City Newport News State VA Zip Code 23607 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D32443 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 120.00
B. FredrikaThomas Full Name (Last, First, Middle Initial) Mailing Address 104 Spring Forrest Ct. Apt. D City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31891 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
C. Queen Hamilton Full Name (Last, First, Middle Initial) Mailing Address 2354 Fairfield Dr. City Richmond State VA Zip Code 23223 Purpose of Disbursement GOTV Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D31840 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 60.00
SUBTOTAL of Disbursements This Page (optional)		240.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 426 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) JamesDix		Transaction ID: D32699 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 545 21st Street		Amount of Each Disbursement this Period <div>20.00</div>	
City Newport News	State VA		Zip Code 23602
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Leigh AnneCollier		Transaction ID: D32471 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2909 Susan Sheppard Ct		Amount of Each Disbursement this Period <div>152.00</div>	
City Glen Allen	State VA		Zip Code 23060
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) LatoyaFitzgerald		Transaction ID: D32746 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 1505 Hickey St.		Amount of Each Disbursement this Period <div>40.00</div>	
City Richmond	State VA		Zip Code 23220
Purpose of Disbursement GOTV Worker			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<div>212.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 427 / 743

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) Jessica Lee		Transaction ID: D32164 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>
Mailing Address 1319 Floyd Ave		Amount of Each Disbursement this Period <div>100.00</div>
City Richmond State VA Zip Code 23220		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Nia Hutchinson		Transaction ID: D32238 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>
Mailing Address 5409 Berry Hill Road		Amount of Each Disbursement this Period <div>120.00</div>
City Norfolk State VA Zip Code 23324		
Purpose of Disbursement GOTV Worker	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

640324.12

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 428 / 743

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Democratic Party of Virginia**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Voter Activation NetworkNature of Debt (Purpose):
Voter File Development

Mailing Address 54 Regent St

City State ZIP Code
Cambridge MA 02140

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32812

Amount Incurred This Period

8000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Linemark PrintingNature of Debt (Purpose):
Exempt Candidate MailMailing Address 1220 Caraway Court
Suite 1040City State ZIP Code
Largo MD 20774

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32815

Amount Incurred This Period

10410.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

10410.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PROMOSNature of Debt (Purpose):
Paraphernalia

Mailing Address PO Box 13011

City State ZIP Code
Norfolk VA 23506-0011

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32809

Amount Incurred This Period

829.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

829.10

1) SUBTOTALS This Period This Page (optional).....

19239.85

2) TOTALS This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 429 / 743

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct Line Politics

Nature of Debt (Purpose):
Fundraising Consulting

Mailing Address 107 Oronoco Street
Suite 100

City State ZIP Code
Alexandria VA 22314

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32811

Amount Incurred This Period

3233.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

3233.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Anthem Health Keepers

Nature of Debt (Purpose):
Employee Health Insurance

Mailing Address PO Box 17499

City State ZIP Code
Baltimore MD 21297

Outstanding Balance Beginning This Period

1736.10

Transaction ID: D30970

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1736.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Direct Line Politics

Nature of Debt (Purpose):
Fundraising Consulting

Mailing Address 107 Oronoco Street
Suite 100

City State ZIP Code
Alexandria VA 22314

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32810

Amount Incurred This Period

3656.89

Payment This Period

0.00

Outstanding Balance at Close of This Period

3656.89

1) **SUBTOTALS** This Period This Page (optional).....

8626.37

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 430 / 743

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Democratic Party of Virginia**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Incredible EdiblesNature of Debt (Purpose):
Food and Beverage

Mailing Address 1 N Belmont Ave

City State ZIP Code
Richmond VA 23221-3003

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32808

Amount Incurred This Period

2567.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

2567.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Democratic Party of Virginia Non-FederNature of Debt (Purpose):
Debt for excessive contribution from AFT

Mailing Address PO Box 1057

City State ZIP Code
Richmond VA 23218

Outstanding Balance Beginning This Period

5000.00

Transaction ID: D30980

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Linemark PrintingNature of Debt (Purpose):
Candidate Printing/Scott
VA 6thMailing Address 1220 Caraway Court
Suite 1040City State ZIP Code
Largo MD 20774

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32814

Amount Incurred This Period

1267.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

1267.75

1) SUBTOTALS This Period This Page (optional).....

8834.94

2) TOTALS This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 431 / 743

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Linemark Printing

Nature of Debt (Purpose):
Candidate Printing/Webb
VA Senate

Mailing Address 1220 Caraway Court
Suite 1040

City State ZIP Code
Largo MD 20774

Outstanding Balance Beginning This Period

0.00

Transaction ID: D32813

Amount Incurred This Period

1267.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

1267.76

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1267.76

2) **TOTALS** This Period (last page this line number only)..... ▶

37968.92

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 432 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Stewart Adams		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2726 High St Portsmouth, VA 23707-3522		Amount 23.34	
City State Zip Code Portsmouth VA 23707-3522		Transaction ID: D31324	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31143	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 433 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Moody		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 105 St George Way Hampton, VA 23661		Amount 20.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31214	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Cardel Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 26.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31274	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 434 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Breanna Futrell		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 50 Tueplo Circle Hampton, VA 23666		Amount 25.00	
City State Zip Code Hampton VA 23666		Transaction ID: D31476	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Lisa West		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 23.33	
City State Zip Code Norfolk VA 23502		Transaction ID: D31302	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 435 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee El Williams		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 106 Whimbrel Drive Suffolk, VA 23435		Amount 25.00	
City State Zip Code Suffolk VA 23435		Transaction ID: D31508	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Nicole Elliott		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 26.67	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31174	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 436 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sandre DeBrew		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 C 22nd Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31533	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Tisha Smith		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1718 Hodges Ferry Rd Portsmouth, VA 23701-2113		Amount 26.67	
City State Zip Code Portsmouth VA 23701-2113		Transaction ID: D31124	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 437 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sarah Motley		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 120 W Pembroke Ave Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31225	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Jerard Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31197	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 438 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Timothy Brown		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1410 35th St Newport News, VA 23607		Amount 35.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31528	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Medly Chanita		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 538 22nd Street Apt h		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31499	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 439 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tiera Glover		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 16.67	
City Norfolk State VA Zip Code 23502		Transaction ID: D31307	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee George Johnson		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 532 N 21st St Richmond, VA 23223-7202		Amount 30.00	
City Richmond State VA Zip Code 23223-7202		Transaction ID: D31069	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 440 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Patricia Medley		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 538 22nd St APT H		Amount 40.00	
City State Zip Code Newport News VA 23607-4539		Transaction ID: D31507	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Anika Blair		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2917 Ryland Rd Hampton, VA 23661		Amount 16.67	
City State Zip Code Hampton VA 23661		Transaction ID: D31368	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 441 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 26.67	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31200	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 23.33	
City State Zip Code Newport News VA 23607		Transaction ID: D31431	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 442 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jasmine Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.67	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31314	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 16.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31427	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 443 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Walter Robinson		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 104 Glinhurst Rd Richmond, VA 23223		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Richmond</div> <div>State VA</div> <div>Zip Code 23223</div> </div>		Transaction ID: D31466	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			
Full Name (Last, First, Middle, Initial) of Payee Sonya Lewis		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 103 Navajo Trl Portsmouth, VA 23701-2429		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.33</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Portsmouth</div> <div>State VA</div> <div>Zip Code 23701-2429</div> </div>		Transaction ID: D31329	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2732.98</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">48.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 444 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyrhen Williams		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 106 Whimbrel Drive Suffolk, VA 23435		Amount 25.00	
City State Zip Code Suffolk VA 23435		Transaction ID: D31511	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Nicole Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 23.33	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31312	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 445 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jerard Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31192	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Gregory Baker		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 4307 Roanoke Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31534	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 446 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cecelia Cunningham		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31233	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Najeania Cannon		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31078	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 447 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tisha Smith		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1718 Hodges Ferry Rd Portsmouth, VA 23701-2113		Amount 26.66	
City Portsmouth State VA Zip Code 23701-2113		Transaction ID: D31122	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Shanese Dickey		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 26.67	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31276	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		53.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 448 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31149	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount 16.67	
City State Zip Code Newport News VA 23607-5643		Transaction ID: D31450	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 449 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sonya Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 103 Navajo Trl Portsmouth, VA 23701-2429		Amount 23.34	
City State Zip Code Portsmouth VA 23701-2429		Transaction ID: D31330	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Beverly B. Davis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 405 Russell Street Portsmouth, VA 23707		Amount 20.00	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31251	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 450 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lakendra Johnson		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 649 12th St Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31551	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			

Full Name (Last, First, Middle, Initial) of Payee Thatiguss Lewis		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 545 A 21st Street Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31517	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">55.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abbi Easter

Signature

Date

M M
1 1

D D
0 5

Y Y Y Y
2 0 0 6

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 451 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Starneka Taylor		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 25.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31460	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sonya Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 103 Navajo Trl Portsmouth, VA 23701-2429		Amount 23.33	
City Portsmouth State VA Zip Code 23701-2429		Transaction ID: D31328	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 452 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lisa West		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 26.67	
City State Zip Code Norfolk VA 23502		Transaction ID: D31151	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Stewart Adams		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2726 High St Portsmouth, VA 23707-3522		Amount 26.66	
City State Zip Code Portsmouth VA 23707-3522		Transaction ID: D31203	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		53.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 453 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kima Pretlow		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 78 Williams Ln Williamsburg, VA 23888		Amount 16.67	
City Williamsburg State VA Zip Code 23888		Transaction ID: D31383	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Bernetta Walker		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 3000 Belleharbour Circle Apt 108		Amount 20.00	
City Suffolk State VA Zip Code 23435		Transaction ID: D31264	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 454 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Andrea Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1823 N 29th St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31056	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Kima Pretlow		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 78 Williams Ln Williamsburg, VA 23888		Amount 16.66	
City Williamsburg State VA Zip Code 23888		Transaction ID: D31384	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 455 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Inez Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1002 Home Ave Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31404	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Donna Houston		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 25.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31498	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 456 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antonio Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31286	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Kima Pretlow		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 78 Williams Ln Williamsburg, VA 23888		Amount 20.00	
City State Zip Code Williamsburg VA 23888		Transaction ID: D31248	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 457 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Alicia Castro		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 10.00	
City Richmond State VA Zip Code 23223-3644		Transaction ID: D31111	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Levi Bradley		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2221 Fairfield Ave Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31075	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 458 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sterling Lyons		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 29 / 2006</div> </div>	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City State Zip Code Norfolk VA 23523		Transaction ID: D31267	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4162.63</div>			
Full Name (Last, First, Middle, Initial) of Payee Jamar Hunter		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 05 / 2006</div> </div>	
Mailing Address 535 22nd St Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31579	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 29 / 2006</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 459 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Natalie Clarke		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31080	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 16.67	
City Newport News State VA Zip Code 23607-5290		Transaction ID: D31422	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 460 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Roderyck Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223-5316		Amount 10.00	
City Richmond State VA Zip Code 23223-5316		Transaction ID: D31116	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandra DeBrew		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd St APT C		Amount 20.00	
City Newport News State VA Zip Code 23607-4541		Transaction ID: D31135	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		30.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 461 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Curtis Berry		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 16.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31385	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Takeia Gibbs		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 20.00	
City State Zip Code Norfolk VA 23502-2116		Transaction ID: D31218	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 462 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rico Cunningham		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 16.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31398	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Inez Smith		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1002 Home Ave Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31204	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 463 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Curtis Berry		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31244	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Giovanni Williford		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 25.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31497	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 464 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St Apt A		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31168	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Curtis Berry		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31243	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 465 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 25.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31524	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Lemonte Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31126	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 466 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Maurice Roberson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2521 Bethel St Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31076	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Paul Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 25.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31469	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 467 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Moody		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 105 St George Way Hampton, VA 23661		Amount 16.66	
City State Zip Code Hampton VA 23661		Transaction ID: D31402	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 26.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31159	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 468 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nia Hutchinson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 16.66	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31381	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Otis Downtin		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1718 Hodges Ferry Road Portsmouth, VA 23701-3848		Amount 16.67	
City Portsmouth State VA Zip Code 23701-3848		Transaction ID: D31583	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 469 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 26.67	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31198	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Aquanetta Scott		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1528 Coalter St Richmond, VA 23223		Amount 25.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31501	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 470 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Takeia Gibbs		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 16.66	
City State Zip Code Norfolk VA 23502-2116		Transaction ID: D31333	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Starneka Taylor		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31098	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 471 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Bernetta Walker		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3000 Belleharbour Circle Apt 108		Amount 20.00	
City State Zip Code Suffolk VA 23435		Transaction ID: D31265	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Nicole Elliott		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 23.33	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31311	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 472 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lavelle Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31190	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Otis Dowtin		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1718 Hodges Ferry Road Portsmouth, VA 23701-3848		Amount 20.00	
City State Zip Code Portsmouth VA 23701-3848		Transaction ID: D31133	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 473 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Annette Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1823 N 29th St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31059	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Lionel Brookins		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 301 Bertwick Ln Chesapeake, VA 23325		Amount 20.00	
City Chesapeake State VA Zip Code 23325		Transaction ID: D31258	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 474 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 23.34	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31408	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Maurice Roberson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2521 Bethel St Richmond, VA 23223		Amount 25.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31492	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 475 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tisha Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1718 Hodges Ferry Rd Portsmouth, VA 23701-2113		Amount 23.34	
City Portsmouth		Transaction ID: D31294	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA	
Zip Code 23701-2113		<input type="checkbox"/> Senate District: 06	
Purpose of Expenditure GOTV Worker		<input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought 4162.63		<input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Annie Giles		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 25.00	
City Richmond		Transaction ID: D31485	
State VA		Office Sought: <input type="checkbox"/> House State: VA	
Zip Code 23223-3644		<input checked="" type="checkbox"/> Senate District: 00	
Purpose of Expenditure GOTV Worker		<input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought 8117.26		<input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 476 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 20.00	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31156	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Cheryl Sparrow		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3148 Fairview St Norfolk, VA 23523		Amount 20.00	
City State Zip Code Norfolk VA 23523		Transaction ID: D31261	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 477 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Linemark Printing		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1220 Caraway Court Suite 1040		Amount 783.06	
City State Zip Code Largo MD 20774		Transaction ID: D31047	
Purpose of Expenditure Grassroots Campaign Materials		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Kima Pretlow		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 78 Williams Ln Williamsburg, VA 23888		Amount 20.00	
City State Zip Code Williamsburg VA 23888		Transaction ID: D31246	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		803.06	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 478 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 25.00	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31531	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Rosalene Bullock		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1604 N 28th St Richmond, VA 23223		Amount 25.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31462	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 479 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Annette Bullock		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 1823 N 29th St Richmond, VA 23223		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">30.00</div>	
City State Zip Code Richmond VA 23223		Transaction ID: D31058 Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Purpose of Expenditure GOTV Worker		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4162.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

Full Name (Last, First, Middle, Initial) of Payee Otis Downtin		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 1718 Hodges Ferry Road Portsmouth, VA 23701-3848		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">16.66</div>	
City State Zip Code Portsmouth VA 23701-3848		Transaction ID: D31295 Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure GOTV Worker		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">8117.26</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">46.66</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abbi Easter

Signature

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 480 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sarah Motley		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 120 W Pembroke Ave Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31226	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Nicole Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 26.66	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31176	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 481 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Moses Sykes		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 670 Aquavista Dr Apt D		Amount 40.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31525	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Aquanetta Scott		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1528 Coalter St Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31063	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 482 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Linemark Printing		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1220 Caraway Court Suite 1040		Amount 783.06	
City State Zip Code Largo MD 20774		Transaction ID: D31049	
Purpose of Expenditure Grassroots Campaign Materials		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Erica Jordan		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1332 Tree Ridge Rd Richmond, VA 23231-6880		Amount 30.00	
City State Zip Code Richmond VA 23231-6880		Transaction ID: D31067	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		813.06	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 483 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rene Lyons		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 26.67	
City State Zip Code Norfolk VA 23523		Transaction ID: D31283	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Cheryl Sparrow		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3148 Fairview St Norfolk, VA 23523		Amount 16.67	
City State Zip Code Norfolk VA 23523		Transaction ID: D31373	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		43.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 484 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Pernell Knight		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 624 44th Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31496	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Cecelia Cunningham		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31232	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 485 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Linemark Printing		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1220 Caraway Court Suite 1040		Amount 279.67	
City State Zip Code Largo MD 20774		Transaction ID: D31290	
Purpose of Expenditure Grassroots Campaign Materials		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Dashawn Johnson		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 54 F Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31575	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		304.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 486 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shanese Dickey		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 26.66	
City State Zip Code Norfolk VA 23502-3630		Transaction ID: D31278	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Paris Hudson		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 801 Lassiter Dr Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31550	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 487 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Alicia Castro		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 10.00	
City Richmond State VA Zip Code 23223-3644		Transaction ID: D31110	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Shanese Dickey		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 23.34	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31366	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 488 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31436	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Vanika Duck		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 649 12th Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31563	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 489 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Gregory Davis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1712 Brookfield St Richmond, VA 23222		Amount 35.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31455	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Malinda Thornton		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 700 Waterfront Cir Apt 1107		Amount 40.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31518	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 490 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount 16.67	
City State Zip Code Newport News VA 23607-5643		Transaction ID: D31451	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sherman Cotman		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2221 Fairfield Ave Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31096	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 491 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Raylene Browder		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 537 Cedar Raod Chesapeake, VA 23321		Amount 20.00	
City State Zip Code Chesapeake VA 23321		Transaction ID: D31142	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Timothy Washington		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 639 50th Street Newport News, VA 23605		Amount 25.00	
City State Zip Code Newport News VA 23605		Transaction ID: D31538	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 492 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rene Lyons		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 26.67	
City State Zip Code Norfolk VA 23523		Transaction ID: D31284	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Roy West		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 16.66	
City State Zip Code Norfolk VA 23502		Transaction ID: D31306	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 493 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Annie Giles		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 30.00	
City Richmond State VA Zip Code 23223-3644		Transaction ID: D31060	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Linemark Printing		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1220 Caraway Court Suite 1040		Amount 313.22	
City Largo State MD Zip Code 20774		Transaction ID: D31048	
Purpose of Expenditure Grassroots Campaign Materials		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		343.22	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 494 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jasmin Coleman		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 808 Bold Street Portsmouth, VA 23701		Amount 16.66	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31327	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Erica Jordan		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1332 Tree Ridge Rd Richmond, VA 23231-6880		Amount 10.00	
City State Zip Code Richmond VA 23231-6880		Transaction ID: D31113	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		26.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter _____ Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 495 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee James Roy West		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 20.00	
City State Zip Code Norfolk VA 23502		Transaction ID: D31158	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Roy West		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 20.00	
City State Zip Code Norfolk VA 23502		Transaction ID: D31155	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 496 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Racqueleona Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th Street Apt B		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31409	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Racqueleona Clyburn		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 531 19th Street Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31185	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 497 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Takeia Gibbs		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 16.67	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31332	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 40.00	
City Newport News State VA Zip Code 23607-5290		Transaction ID: D31514	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 498 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nahjae Pender		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 801 Lassiter Drive Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31567	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Racqueleona Clyburn		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 531 19th Street Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31183	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 499 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 26.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31179	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Jalisa Keeling		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 20.00	
City State Zip Code Norfolk VA 23502-2116		Transaction ID: D31236	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 500 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Thaddeus Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31140	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31166	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 501 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee James Willis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2107 Jefferson Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31542	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Beverly B. Davis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 405 Russell Street Portsmouth, VA 23707		Amount 20.00	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31250	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 502 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kima Pretlow		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 78 Williams Ln Williamsburg, VA 23888		Amount 16.67	
City State Zip Code Williamsburg VA 23888		Transaction ID: D31382	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Patrick Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 25.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31471	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 503 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Marquita McConico		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 228 Chowas Trace Portsmouth, VA 23701		Amount 16.67	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31346	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Rico Cunningham		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 16.66	
City Hampton State VA Zip Code 23669		Transaction ID: D31399	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 504 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Darwin Duck		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1533 Harbor Ln Newport News, VA 23607-5611		Amount 25.00	
City State Zip Code Newport News VA 23607-5611		Transaction ID: D31561	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Kevin Battle		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31072	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 505 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31175	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee George Johnson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 532 N 21st St Richmond, VA 23223-7202		Amount 25.00	
City State Zip Code Richmond VA 23223-7202		Transaction ID: D31488	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 506 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Frank Muhammad		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 255 B Union St Hampton, VA 23669		Amount 40.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31526	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 16.67	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31433	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 507 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Anthony Floyd		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1027 23rd St Newport News, VA 23607-4703		Amount 30.00	
City State Zip Code Newport News VA 23607-4703		Transaction ID: D31556	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Bernard Robinson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1130 37th St Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31546	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 508 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sterling Lyons		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 16.67	
City State Zip Code Norfolk VA 23523		Transaction ID: D31370	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Lisa West		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 26.67	
City State Zip Code Norfolk VA 23502		Transaction ID: D31152	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		43.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 509 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lavelle Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Apt B		Amount 16.66	
City State Zip Code Newport News VA 23607		Transaction ID: D31414	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 16.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31421	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 510 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Leslie Cox		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 1341 Mt. Vernon Ave Portsmouth, VA 23707		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.66</div>	
City Portsmouth State VA Zip Code 23707		Transaction ID: D31342	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4162.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

Full Name (Last, First, Middle, Initial) of Payee Raylene Browder		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 537 Cedar Raod Chesapeake, VA 23321		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.66</div>	
City Chesapeake State VA Zip Code 23321		Transaction ID: D31298	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8117.26</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">33.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abbi Easter

Signature

Date

M M
1 1

D D
0 5

Y Y Y Y
2 0 0 6

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 511 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tameka Walker		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 Adams Dr Newport News, VA 23601-2812		Amount 25.00	
City State Zip Code Newport News VA 23601-2812		Transaction ID: D31572	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Cardel Patillo		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 26.66	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31275	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		51.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 512 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antonio Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31287	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Byron Levisy		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 5709 Surry Ave Newport News, VA 23605		Amount 25.00	
City State Zip Code Newport News VA 23605		Transaction ID: D31489	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 513 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Anthony Martin		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 638 Ridley Circle Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31555	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Cardel Patillo		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 26.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31270	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 514 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Maurice Roberson		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2521 Bethel St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31077	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount 20.00	
City Newport News State VA Zip Code 23607-5643		Transaction ID: D31131	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 515 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lonnie Nowell		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 535 22nd Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31558	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Brenda Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd. Portsmouth, VA 23701		Amount 16.66	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31354	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 516 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Bernetta Walker		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3000 Belleharbour Circle Apt 108		Amount 20.00	
City State Zip Code Suffolk VA 23435		Transaction ID: D31266	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 23.33	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31419	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 517 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sterling Lyons		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 16.67	
City Norfolk State VA Zip Code 23523		Transaction ID: D31371	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Nia Hutchinson		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 20.00	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31253	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 518 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jerard Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.66	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31321	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Antonio Patillo		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31285	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 519 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 40.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31509	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 26.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31178	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		66.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 520 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Luter		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 717 20th Street Newport News, VA 23607-5284		Amount 25.00	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31502	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Kima Pretlow		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 78 Williams Ln Williamsburg, VA 23888		Amount 20.00	
City State Zip Code Williamsburg VA 23888		Transaction ID: D31247	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 521 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Thaddeus Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31139	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 21st St Apt A		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31425	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 522 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lavelle Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31187	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Stewart Adams		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2726 High St Portsmouth, VA 23707-3522		Amount 23.33	
City State Zip Code Portsmouth VA 23707-3522		Transaction ID: D31322	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 523 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 16.66	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31429	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Archie Edwards		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1627 Wingfield Dr Hampton, VA 23661		Amount 40.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31523	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 524 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brandy Davis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 23609 Jefferson Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31552	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Jasmin Coleman		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 808 Bold Street Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31208	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 525 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kevin Battle		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31073	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Takeia Gibbs		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 20.00	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31216	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 526 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Andre Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 25.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31456	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Lisa West		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 23.33	
City Norfolk State VA Zip Code 23502		Transaction ID: D31301	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 527 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kelly Duck		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 801 Lassiter Drive Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31569	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Cardell Patillo, Jr.		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 23.33	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31360	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 528 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Royaleene Best		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1513 Ivy Ave Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31559	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sterling Lyons		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 20.00	
City State Zip Code Norfolk VA 23523		Transaction ID: D31268	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 529 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Moody		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 105 St George Way Hampton, VA 23661		Amount 16.67	
City State Zip Code Hampton VA 23661		Transaction ID: D31401	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Paul Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31088	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 530 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ebony Picott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 651 41st Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31557	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Lionel Brookins		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 301 Bertwick Ln Chesapeake, VA 23325		Amount 20.00	
City State Zip Code Chesapeake VA 23325		Transaction ID: D31257	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 531 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Thaddeus Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 16.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31442	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandra DeBrew		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.67	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31445	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 532 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31162	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Wilbert Sanders		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 14th St Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31548	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 533 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rico Cunningham		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31219	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Natalie Clarke		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31081	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 534 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Moody		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 105 St George Way Hampton, VA 23661		Amount 16.67	
City State Zip Code Hampton VA 23661		Transaction ID: D31400	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Alicia Castro		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 35.00	
City State Zip Code Richmond VA 23223-3644		Transaction ID: D31486	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 535 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Williemae Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 A 21st Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31536	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Thaddeus Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 16.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31443	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 536 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Justin Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31186	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Tisha Smith		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1718 Hodges Ferry Rd Portsmouth, VA 23701-2113		Amount 26.67	
City State Zip Code Portsmouth VA 23701-2113		Transaction ID: D31123	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 537 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Donna Houston		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 30.00	
City Richmond State VA Zip Code 23222		Transaction ID: D31065	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jalisa Keeling		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 16.67	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31338	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 538 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lemonte Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.67	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31452	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Giovanni Williford		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 10.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31118	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		26.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 539 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eyonda Richardson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1537-A Jefferson Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31484	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 545 21st St Apt A		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31170	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 540 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Stewart Adams		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2726 High St Portsmouth, VA 23707-3522		Amount 23.33	
City Portsmouth		Transaction ID: D31323	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA	
Zip Code 23707-3522		<input type="checkbox"/> Senate District: 02	
Purpose of Expenditure GOTV Worker		<input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Other (specify) : _____	
2732.98			
Full Name (Last, First, Middle, Initial) of Payee Anaya Blair		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 26.67	
City Hampton		Transaction ID: D31237	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA	
Zip Code 23669		<input type="checkbox"/> Senate District: 06	
Purpose of Expenditure GOTV Worker		<input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Other (specify) : _____	
4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 541 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Leslie Cox		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1341 Mt. Vernon Ave Portsmouth, VA 23707		Amount 16.67	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31340	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Ramon Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Apt B		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31415	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 542 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jalisa Keeling		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 16.67	
City State Zip Code Norfolk VA 23502-2116		Transaction ID: D31337	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 20.00	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31154	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 543 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lisa West		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 26.66	
City State Zip Code Norfolk VA 23502		Transaction ID: D31148	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Anika Blair		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2917 Ryland Rd Hampton, VA 23661		Amount 16.66	
City State Zip Code Hampton VA 23661		Transaction ID: D31369	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.32	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 544 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ryan Levisy		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5709 Surry Ave Newport News, VA 23605		Amount 25.00	
City State Zip Code Newport News VA 23605		Transaction ID: D31493	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Anaya Blair		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 23.34	
City State Zip Code Hampton VA 23669		Transaction ID: D31388	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		48.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 545 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 23.33	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31406	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 25.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31506	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 546 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sonya Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 103 Navajo Trl Portsmouth, VA 23701-2429		Amount 26.67	
City Portsmouth State VA Zip Code 23701-2429		Transaction ID: D31210	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Rico Cunningham		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 20.00	
City Hampton State VA Zip Code 23669		Transaction ID: D31220	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 547 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rosalene Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31094	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandra DeBrew		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31134	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 548 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nia Hutchinson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 20.00	
City State Zip Code Norfolk VA 23502-3630		Transaction ID: D31252	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 16.67	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31434	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 549 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cecelia Cunningham		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Hampton</div> <div>State VA</div> <div>Zip Code 23669</div> </div>		Transaction ID: D31231	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4162.63</div>	

Full Name (Last, First, Middle, Initial) of Payee Otis Downtin		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 1718 Hodges Ferry Road Portsmouth, VA 23701-3848		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Portsmouth</div> <div>State VA</div> <div>Zip Code 23701-3848</div> </div>		Transaction ID: D31136	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2732.98</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abbi Easter

Signature

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 550 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Gregory Davis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1712 Brookfield St Richmond, VA 23222		Amount 30.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31051	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Tammy Jenkins		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1332 Tree Ridge Road Richmond, VA 23231		Amount 25.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31468	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 551 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Alicia Castro		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 30.00	
City Richmond State VA Zip Code 23223-3644		Transaction ID: D31053	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jalisa Keeling		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 16.66	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31339	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 552 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Roderyck Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223-5316		Amount 30.00	
City Richmond State VA Zip Code 23223-5316		Transaction ID: D31092	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Anaya Blair		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 23.33	
City Hampton State VA Zip Code 23669		Transaction ID: D31390	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		53.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 553 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Walter Robinson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 104 Glinhurst Rd Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31103	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 23.33	
City State Zip Code Newport News VA 23607		Transaction ID: D31430	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		53.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 554 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cheryl Sparrow		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3148 Fairview St Norfolk, VA 23523		Amount 20.00	
City State Zip Code Norfolk VA 23523		Transaction ID: D31263	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Jasmin Coleman		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 808 Bold Street Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31325	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 555 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Patricia Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31085	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Alicia Castro		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 30.00	
City Richmond State VA Zip Code 23223-3644		Transaction ID: D31052	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 556 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sineeta Flamer		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1706 Terminal Ave Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31560	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee James Roy West		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 16.67	
City State Zip Code Norfolk VA 23502		Transaction ID: D31304	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 557 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Aquanetta Scott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1528 Coalter St Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31062	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee Starneka Taylor		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31099	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 558 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tammy Jenkins		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1332 Tree Ridge Road Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31101	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Otis Downtin		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1718 Hodges Ferry Road Portsmouth, VA 23701-3848		Amount 16.67	
City Portsmouth State VA Zip Code 23701-3848		Transaction ID: D31584	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 559 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shanese Dickey		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 23.33	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31365	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Marquita McConico		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 228 Chowas Trace Portsmouth, VA 23701		Amount 16.66	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31348	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		39.99	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 560 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antoine Harris		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3017 Williams Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31448	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Sherman Cotman		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2221 Fairfield Ave Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31097	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 561 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Leslie Cox		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1341 Mt. Vernon Ave Portsmouth, VA 23707		Amount 16.67	
City Portsmouth State VA Zip Code 23707		Transaction ID: D31341	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jasmine Elliott		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City Chesapeake State VA Zip Code 23321-4911		Transaction ID: D31180	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 562 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rene Lyons		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 23.33	
City Norfolk State VA Zip Code 23523		Transaction ID: D31361	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Raylene Browder		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 537 Cedar Raod Chesapeake, VA 23321		Amount 16.67	
City Chesapeake State VA Zip Code 23321		Transaction ID: D31300	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 563 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lemonte Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31128	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Bernetta Walker		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3000 Belleharbour Circle Apt 108		Amount 16.67	
City State Zip Code Suffolk VA 23435		Transaction ID: D31349	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 564 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Curtis Berry		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31245	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Hunter Marvin		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 535 22nd Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31580	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 565 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wesley Smith		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31106	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Cateedra Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount 25.00	
City Newport News State VA Zip Code 23607-5643		Transaction ID: D31545	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 566 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lisa West		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 23.34	
City Norfolk State VA Zip Code 23502		Transaction ID: D31303	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jerard Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.67	
City Chesapeake State VA Zip Code 23321-4911		Transaction ID: D31320	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.01	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 567 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jasmine Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31182	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Tyesha Pruden		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1555 Ivy Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31577	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 568 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rosalene Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31095	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Justin Elliott		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.66	
City Chesapeake State VA Zip Code 23321-4911		Transaction ID: D31318	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 569 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Anaya Blair		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 26.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31238	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Jazmine Williams		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 106 Whilbrel Drive Suffolk, VA 23435		Amount 25.00	
City State Zip Code Suffolk VA 23435		Transaction ID: D31513	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 570 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tiera Glover		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 20.00	
City State Zip Code Norfolk VA 23502		Transaction ID: D31167	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Wilnet Miller		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 4706 Masondale Dr Richmond, VA 23234		Amount 35.00	
City State Zip Code Richmond VA 23234		Transaction ID: D31483	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 571 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Raylene Browder		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 537 Cedar Raod Chesapeake, VA 23321		Amount 20.00	
City State Zip Code Chesapeake VA 23321		Transaction ID: D31141	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sharonda Drew		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1555 Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31574	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 572 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Curtis Berry		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 16.66	
City State Zip Code Hampton VA 23669		Transaction ID: D31387	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Wilnet Miller		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 4706 Masondale Dr Richmond, VA 23234		Amount 10.00	
City State Zip Code Richmond VA 23234		Transaction ID: D31120	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		26.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 573 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sterling Lyons		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 20.00	
City State Zip Code Norfolk VA 23523		Transaction ID: D31269	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Brenda Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd. Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31281	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 574 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Jasmin Coleman		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 808 Bold Street Portsmouth, VA 23701		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31207	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4162.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

Full Name (Last, First, Middle, Initial) of Payee Lemont Lewis		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 544 C 22nd Street Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Newport News State VA Zip Code 23607		Transaction ID: D31522	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8117.26</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abbi Easter

Signature

Date

M M
1 0

D D
2 9

Y Y Y Y
2 0 0 6

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 575 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 20.00	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31153	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St Apt A		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31169	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 576 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kshara Jarman		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 132 Garrett Drive Hampton, VA 23669		Amount 25.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31537	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Linda Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1509 Ellington Sq Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31335	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 577 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cheryl Sparrow		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3148 Fairview St Norfolk, VA 23523		Amount 20.00	
City Norfolk State VA Zip Code 23523		Transaction ID: D31262	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Sarah Motley		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 120 W Pembroke Ave Hampton, VA 23669		Amount 16.67	
City Hampton State VA Zip Code 23669		Transaction ID: D31394	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 578 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rasheta Johnson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 549 21st St APT F		Amount 25.00	
City State Zip Code Newport News VA 23607-5260		Transaction ID: D31578	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Patricia Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31084	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter _____ Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 579 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nicole Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 23.34	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31310	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Anika Blair		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2917 Ryland Rd Hampton, VA 23661		Amount 20.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31272	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 580 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cardell Patillo, Jr.		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 23.33	
City Portsmouth		Transaction ID: D31359	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Zip Code 23701		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam			
Calendar Year-To-Date Per Election for Office Sought		2732.98	
Full Name (Last, First, Middle, Initial) of Payee Troy Jones		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 169 Mytilene Dr Newport News, VA 23605-1853		Amount 30.00	
City Newport News		Transaction ID: D31566	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23605-1853		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
(a) SUBTOTAL of Itemized Independent Expenditures		53.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 581 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sarah Motley		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 120 W Pembroke Ave Hampton, VA 23669		Amount 20.00	
City State Zip Code Hampton VA 23669		Transaction ID: D31227	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Sarah Mae Cyrburn		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 717 20th Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31504	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 582 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lemonte Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.66	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31454	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Najeania Cannon		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31079	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 583 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Moody		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 105 St George Way Hampton, VA 23661		Amount 20.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31215	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Kevion Walston		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 801 Lassiter Drive Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31570	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 584 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 544 22nd Street Apt C		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26.67</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31160 Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure GOTV Worker		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2732.98</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Brandi Duck		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 530 G 19th Street Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31573 Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure GOTV Worker		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8117.26</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.67</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 585 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Raylene Browder		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 537 Cedar Raod Chesapeake, VA 23321		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.67</div>	
City State Zip Code Chesapeake VA 23321		Transaction ID: D31299	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2732.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

Full Name (Last, First, Middle, Initial) of Payee Racqueleona Clyburn		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 531 19th Street Apt B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31184	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2732.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">36.67</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abbi Easter

Signature

Date

M M
1 1

D D
0 5

Y Y Y Y
2 0 0 6

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 586 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shanese Dickey		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 23.33	
City State Zip Code Norfolk VA 23502-3630		Transaction ID: D31364	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Tiera Glover		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 20.00	
City State Zip Code Norfolk VA 23502		Transaction ID: D31163	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 587 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Roderyck Bullock		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1604 N 28th St Richmond, VA 23223-5316		Amount 30.00	
City Richmond State VA Zip Code 23223-5316		Transaction ID: D31093	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Wesley Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 25.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31459	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 588 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Linda Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1509 Ellington Sq Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31228	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jordan Brown		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2256 Jefferson Ave Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31564	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 589 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Beverly B. Davis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 405 Russell Street Portsmouth, VA 23707		Amount 16.67	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31343	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sherman Cotman		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2221 Fairfield Ave Richmond, VA 23223		Amount 25.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31490	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 590 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Annie Giles		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2516 Bethel St Richmond, VA 23223-3644		Amount 30.00	
City Richmond State VA Zip Code 23223-3644		Transaction ID: D31061	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Takeia Gibbs		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 16.67	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31331	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter _____ Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 591 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jamar Harris		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1354 29th Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31472	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Rico Cunningham		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 16.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31397	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 592 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lamar Harris		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1354 36th Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31473	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Anika Blair		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2917 Ryland Rd Hampton, VA 23661		Amount 20.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31271	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 593 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount 16.67	
City State Zip Code Newport News VA 23607-5643		Transaction ID: D31449	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Tiera Glover		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 20.00	
City State Zip Code Norfolk VA 23502		Transaction ID: D31165	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 594 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 16.66	
City State Zip Code Newport News VA 23607		Transaction ID: D31438	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Thaddeus Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 16.66	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31444	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.32	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 595 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brenda Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd. Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31280	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Leslie Cox		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1341 Mt. Vernon Ave Portsmouth, VA 23707		Amount 20.00	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31242	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 596 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shawntia Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 A 21st Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31515	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Brenda Patillo		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd. Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31353	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 597 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cecelia Cunningham		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 16.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31392	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Rene Lyons		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 23.34	
City State Zip Code Norfolk VA 23523		Transaction ID: D31363	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		40.01	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 598 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lionel Brookins		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 301 Bertwick Ln Chesapeake, VA 23325		Amount 16.67	
City State Zip Code Chesapeake VA 23325		Transaction ID: D31377	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 25.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31543	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 599 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Andrea Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1823 N 29th St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31057	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Roy West		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 16.67	
City Norfolk State VA Zip Code 23502		Transaction ID: D31305	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 600 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lewis Raguan		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6</div> </div>	
Mailing Address 1716 Terminal Ave Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31541	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Leslie Cox		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 1341 Mt. Vernon Ave Portsmouth, VA 23707		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31241	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2732.98</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 601 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jerard Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31196	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee DeAndre Barnes		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2216 Jefferson Ave Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31568	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 602 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lionel Brookins		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 301 Bertwick Ln Chesapeake, VA 23325		Amount 16.67	
City State Zip Code Chesapeake VA 23325		Transaction ID: D31376	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sarah Motley		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 120 W Pembroke Ave Hampton, VA 23669		Amount 16.66	
City State Zip Code Hampton VA 23669		Transaction ID: D31396	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 603 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ashley Stokes		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 885 Lassiter Dr Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31576	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Anaya Blair		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 23.33	
City State Zip Code Hampton VA 23669		Transaction ID: D31389	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 604 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sonya Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 103 Navajo Trl Portsmouth, VA 23701-2429		Amount 26.66	
City Portsmouth State VA Zip Code 23701-2429		Transaction ID: D31212	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sonya Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 103 Navajo Trl Portsmouth, VA 23701-2429		Amount 26.67	
City Portsmouth State VA Zip Code 23701-2429		Transaction ID: D31211	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		53.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 605 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee George Johnson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 532 N 21st St Richmond, VA 23223-7202		Amount 30.00	
City Richmond State VA Zip Code 23223-7202		Transaction ID: D31068	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
Full Name (Last, First, Middle, Initial) of Payee E Howard Mackin		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 5 Gregory Court Hampton, VA 23669		Amount 40.00	
City Hampton State VA Zip Code 23669		Transaction ID: D31521	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 606 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Justin Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31191	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 22nd St Newport News, VA 23607-4541		Amount 25.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31520	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 607 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lavelle Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Apt B		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31412	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Levi Bradley		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 2221 Fairfield Ave Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31074	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 608 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jakari Barnes		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 679 Ridley Circle Newport News, VA 23607		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Newport News</div> <div>State VA</div> <div>Zip Code 23607</div> </div>		Transaction ID: D31519	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>	
Full Name (Last, First, Middle, Initial) of Payee Lionel Brookins		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 301 Bertwick Ln Chesapeake, VA 23325		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Chesapeake</div> <div>State VA</div> <div>Zip Code 23325</div> </div>		Transaction ID: D31260	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 5</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 609 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nia Hutchinson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 16.67	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31379	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Marquita McConico		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 228 Chowas Trace Portsmouth, VA 23701		Amount 20.00	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31255	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 610 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Giovanni Williford		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 10.00	
City Richmond State VA Zip Code 23222		Transaction ID: D31119	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Angela Harris		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3011 Williams St Newport News, VA 23607-3731		Amount 35.00	
City Newport News State VA Zip Code 23607-3731		Transaction ID: D31530	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 611 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Inez Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1002 Home Ave Portsmouth, VA 23701		Amount 16.66	
City Portsmouth		Transaction ID: D31405	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Zip Code 23701		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott			
Calendar Year-To-Date Per Election for Office Sought		4162.63	
Full Name (Last, First, Middle, Initial) of Payee Marquita McConico		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 228 Chowas Trace Portsmouth, VA 23701		Amount 20.00	
City Portsmouth		Transaction ID: D31259	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23701		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 612 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nicole Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 26.67	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31171	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Linemark Printing		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1220 Caraway Court Suite 1040		Amount 279.67	
City State Zip Code Largo MD 20774		Transaction ID: D31291	
Purpose of Expenditure Grassroots Campaign Materials		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		306.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 613 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee James Roy West		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 20.00	
City Norfolk State VA Zip Code 23502		Transaction ID: D31157	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Annette Bullock		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1823 N 29th St Richmond, VA 23223		Amount 25.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31465	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 614 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brenda Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd. Portsmouth, VA 23701		Amount 16.67	
City Portsmouth		Transaction ID: D31352	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23701		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
Full Name (Last, First, Middle, Initial) of Payee Bilal Muhammad		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2101 Jefferson Ave Newport News, VA 23607		Amount 25.00	
City Newport News		Transaction ID: D31544	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23607		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 615 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Gail Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 Adams Dr Newport News, VA 23601		Amount 40.00	
City State Zip Code Newport News VA 23601		Transaction ID: D31503	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Wesley Smith		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31107	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 616 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Keila Turner		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1613 Harbor Lane Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31553	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Bernetta Walker		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3000 Belleharbour Circle Apt 108		Amount 16.66	
City State Zip Code Suffolk VA 23435		Transaction ID: D31351	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 617 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ramon Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31194	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Linda Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1509 Ellington Sq Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31229	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 618 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tisha Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1718 Hodges Ferry Rd Portsmouth, VA 23701-2113		Amount 23.33	
City State Zip Code Portsmouth VA 23701-2113		Transaction ID: D31293	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 23.34	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31420	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 619 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nia Hutchinson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 20.00	
City Norfolk State VA Zip Code 23502-3630		Transaction ID: D31254	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jerry Jackson		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 813 23rd Street Newport News, VA 23607		Amount 25.00	
City Newport News State VA Zip Code 23607		Transaction ID: D31480	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 620 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31146	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Montae Harris		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 637 Milford Ave Hampton, VA 23661		Amount 25.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31478	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 621 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Norma Robinson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1528 Coalter St Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31083	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Linda Patillo		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1509 Ellington Sq Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31334	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 622 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Erica Jordan		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1332 Tree Ridge Rd Richmond, VA 23231-6880		Amount 35.00	
City Richmond State VA Zip Code 23231-6880		Transaction ID: D31467	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Giovanni Williford		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 30.00	
City Richmond State VA Zip Code 23222		Transaction ID: D31071	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 623 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antonio Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31356	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Anika Blair		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2917 Ryland Rd Hampton, VA 23661		Amount 16.67	
City State Zip Code Hampton VA 23661		Transaction ID: D31367	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 624 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dontae Williams		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1222 29th St Newport News, VA 23607		Amount 30.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31562	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Paul Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31089	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 625 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31150	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Chanda Jackson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 813 23rd Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31482	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 626 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Bernetta Walker		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3000 Belleharbour Circle Apt 108		Amount 16.67	
City State Zip Code Suffolk VA 23435		Transaction ID: D31350	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 25.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31535	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 627 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31172	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Natalie Clarke		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223		Amount 25.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31463	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 628 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Wilnet Miller		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 4706 Masondale Dr Richmond, VA 23234		Amount 30.00	
City Richmond State VA Zip Code 23234		Transaction ID: D31109	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Gregory Davis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1712 Brookfield St Richmond, VA 23222		Amount 30.00	
City Richmond State VA Zip Code 23222		Transaction ID: D31050	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 629 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 40.00	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31512	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Norma Robinson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1528 Coalter St Richmond, VA 23223		Amount 25.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31500	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 630 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Aaron Harris		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1503 Victoria Blvd Hampton, VA 23661		Amount 25.00	
City Hampton		Transaction ID: D31474	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23661		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
Full Name (Last, First, Middle, Initial) of Payee Lemonte Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.67	
City Newport News		Transaction ID: D31453	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Zip Code 23607-4541		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam			
Calendar Year-To-Date Per Election for Office Sought		2732.98	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 631 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St Apt A		Amount 16.66	
City State Zip Code Newport News VA 23607		Transaction ID: D31426	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Kevin Battle		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 25.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31458	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 632 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Justin Elliott		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.67	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31316	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 23.33	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31418	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 633 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tiera Glover		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 16.66	
City Norfolk State VA Zip Code 23502		Transaction ID: D31309	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Rico Cunningham		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 20.00	
City Hampton State VA Zip Code 23669		Transaction ID: D31221	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 634 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Andre Smith		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31054	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Otis Downtin		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1718 Hodges Ferry Road Portsmouth, VA 23701-3848		Amount 20.00	
City Portsmouth State VA Zip Code 23701-3848		Transaction ID: D31137	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 635 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Inez Smith		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1002 Home Ave Portsmouth, VA 23701		Amount 16.67	
City Portsmouth		Transaction ID: D31403	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23701		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
Full Name (Last, First, Middle, Initial) of Payee Thomae Cunningham		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 801 Lassiter Drive Newport News, VA 23607		Amount 25.00	
City Newport News		Transaction ID: D31565	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23607		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 636 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Najeania Cannon		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 25.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31457	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Lemonte Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd St APT C		Amount 20.00	
City Newport News State VA Zip Code 23607-4541		Transaction ID: D31127	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 637 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Gregory Davis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1712 Brookfield St Richmond, VA 23222		Amount 10.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31114	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 26.66	
City State Zip Code Newport News VA 23607		Transaction ID: D31161	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 638 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Justin Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.67	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31317	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Takeia Gibbs		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 20.00	
City State Zip Code Norfolk VA 23502-2116		Transaction ID: D31217	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 639 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31516	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Inez Smith		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1002 Home Ave Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31206	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 640 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Brenda Patillo		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 506 Roosevelt Blvd. Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31279	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Patrick Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31087	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 641 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antonio Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 16.67	
City Portsmouth		Transaction ID: D31355	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Purpose of Expenditure GOTV Worker		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
4162.63			
Full Name (Last, First, Middle, Initial) of Payee Gelisa Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 25.00	
City Newport News		Transaction ID: D31547	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure GOTV Worker		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 642 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antoinette Harris		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3017 Williams Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31479	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31147	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 643 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tyshon Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31437	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Ramon Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Apt B		Amount 16.66	
City State Zip Code Newport News VA 23607		Transaction ID: D31417	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 644 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Anaya Blair		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 26.66	
City State Zip Code Hampton VA 23669		Transaction ID: D31239	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Ramon Clyburn		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 531 19th St Apt B		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31416	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 645 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Raylene Browder		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 537 Cedar Raod Chesapeake, VA 23321		Amount 20.00	
City State Zip Code Chesapeake VA 23321		Transaction ID: D31144	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Timothy Duck		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1014 35th St Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31581	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 646 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lavelle Clyburn		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 531 19th St Apt B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">20.00</div>	
City State Zip Code Newport News VA 23607		Transaction ID: D31188	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2732.98</div>			
Full Name (Last, First, Middle, Initial) of Payee Gregory Davis		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	
Mailing Address 1712 Brookfield St Richmond, VA 23222		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">10.00</div>	
City State Zip Code Richmond VA 23222		Transaction ID: D31115	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8117.26</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">30.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 647 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00155952</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Walteria Williford		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>	
City State Zip Code Richmond VA 23222		Transaction ID: D31105	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			
Full Name (Last, First, Middle, Initial) of Payee Donna Houston		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>	
City State Zip Code Richmond VA 23222		Transaction ID: D31064	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4162.63</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 648 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Twanika Duck		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1014 35th St Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31582	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Christina Harris		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1354 29th Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31527	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 649 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jasmine Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.66	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31315	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee James Dix		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 545 21st St Newport News, VA 23607-5290		Amount 26.66	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31177	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.32	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 650 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rashard Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1716 Terminal Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31529	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Jasmin Coleman		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 808 Bold Street Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31209	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 651 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jasmine Elliott		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City State Zip Code Chesapeake VA 23321-4911		Transaction ID: D31181	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Roderyck Bullock		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223-5316		Amount 35.00	
City State Zip Code Richmond VA 23223-5316		Transaction ID: D31461	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 652 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Erica Jordan		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1332 Tree Ridge Rd Richmond, VA 23231-6880		Amount 30.00	
City Richmond State VA Zip Code 23231-6880		Transaction ID: D31066	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Rene Lyons		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 26.66	
City Norfolk State VA Zip Code 23523		Transaction ID: D31282	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 653 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Beverly B. Davis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 405 Russell Street Portsmouth, VA 23707		Amount 16.67	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31344	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Nia Hutchinson		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 16.67	
City State Zip Code Norfolk VA 23502-3630		Transaction ID: D31380	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 654 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Daniel Knight		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 624 44th Street		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31487	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31164	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 655 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ramon Clyburn		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 531 19th St Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31193	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Ricky Walker		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 411 W Clay St Richmond, VA 23219		Amount 30.00	
City State Zip Code Richmond VA 23219		Transaction ID: D31091	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 10 / 29 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 656 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Derek Hyman		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1333 28th St Newport News, VA 23607		Amount 40.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31510	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Giovanni Williford		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 30.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31070	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 657 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Antonio Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 16.66	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31357	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jalisa Keeling		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 20.00	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31235	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 658 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rene Lyons		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 23.33	
City State Zip Code Norfolk VA 23523		Transaction ID: D31362	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Cecelia Cunningham		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 16.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31391	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 659 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 23.33	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31407	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Milton Hill		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2201 Chestnut Ave Hampton, VA 23666		Amount 25.00	
City State Zip Code Hampton VA 23666		Transaction ID: D31540	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		48.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 660 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Marquita McConico		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 228 Chowas Trace Portsmouth, VA 23701		Amount 16.67	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31347	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sarah Motley		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 120 W Pembroke Ave Hampton, VA 23669		Amount 16.67	
City State Zip Code Hampton VA 23669		Transaction ID: D31395	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 661 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jolyn Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St Apt A		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31424	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Cecelia Cunningham		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1135 LaSalle Ave Hampton, VA 23669		Amount 16.66	
City State Zip Code Hampton VA 23669		Transaction ID: D31393	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 662 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Beverly B. Davis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 405 Russell Street Portsmouth, VA 23707		Amount 20.00	
City Portsmouth State VA Zip Code 23707		Transaction ID: D31249	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jasmin Coleman		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 808 Bold Street Portsmouth, VA 23701		Amount 16.67	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31326	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 663 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ryan Lee		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 50 Tueplo Circle Hampton, VA 23666		Amount 25.00	
City Hampton		Transaction ID: D31475	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23666		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
Full Name (Last, First, Middle, Initial) of Payee Justin Elliott		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 20.00	
City Chesapeake		Transaction ID: D31189	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Zip Code 23321-4911		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam			
Calendar Year-To-Date Per Election for Office Sought		2732.98	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 664 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Linda Patillo		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1509 Ellington Sq Portsmouth, VA 23701		Amount 16.66	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31336	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Racqueleona Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th Street Apt B		Amount 16.67	
City State Zip Code Newport News VA 23607		Transaction ID: D31410	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 665 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Leslie Cox		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1341 Mt. Vernon Ave Portsmouth, VA 23707		Amount 20.00	
City State Zip Code Portsmouth VA 23707		Transaction ID: D31240	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 16.66	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31423	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 666 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shanese Dickey		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5409 Berry Hill Rd Norfolk, VA 23502-3630		Amount 26.67	
City State Zip Code Norfolk VA 23502-3630		Transaction ID: D31277	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2732.98			
Full Name (Last, First, Middle, Initial) of Payee Patricia Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 25.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31470	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 667 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Erica Jordan		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1332 Tree Ridge Rd Richmond, VA 23231-6880		Amount 10.00	
City Richmond State VA Zip Code 23231-6880		Transaction ID: D31112	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 22nd St APT C		Amount 16.67	
City Newport News State VA Zip Code 23607-4541		Transaction ID: D31440	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		26.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 668 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Walteria Williford		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 35.00	
City Richmond State VA Zip Code 23222		Transaction ID: D31495	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Curtis Berry		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2717 Ryland Rd Hampton, VA 23669		Amount 16.67	
City Hampton State VA Zip Code 23669		Transaction ID: D31386	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		51.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 669 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Racqueleona Clyburn		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 531 19th Street Apt B		Amount 16.66	
City State Zip Code Newport News VA 23607		Transaction ID: D31411	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Tiera Glover		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 5815 Frament Ave, #104 Norfolk, VA 23502		Amount 16.67	
City State Zip Code Norfolk VA 23502		Transaction ID: D31308	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter _____ Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 670 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ricky Walker		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 411 W Clay St Richmond, VA 23219		Amount 25.00	
City Richmond State VA Zip Code 23219		Transaction ID: D31491	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jerard Elliott		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.67	
City Chesapeake State VA Zip Code 23321-4911		Transaction ID: D31319	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		41.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 671 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rha'shawn Cotton		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 655 43rd Street Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31554	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Linda Patillo		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1509 Ellington Sq Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31230	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 672 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Walter Robinson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 104 Glinhurst Rd Richmond, VA 23223		Amount 30.00	
City State Zip Code Richmond VA 23223		Transaction ID: D31102	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
4162.63			
Full Name (Last, First, Middle, Initial) of Payee Cheryl Sparrow		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3148 Fairview St Norfolk, VA 23523		Amount 16.66	
City State Zip Code Norfolk VA 23523		Transaction ID: D31375	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		46.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 673 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Monchelle Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31173	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandra DeBrew		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31132	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 674 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sandra DeBrew		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.67	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31446	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sandre Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd Street Apt C		Amount 23.34	
City State Zip Code Newport News VA 23607		Transaction ID: D31432	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.01	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 675 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.67	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31439	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Sterling Lyons		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1615 Colon Ave Norfolk, VA 23523		Amount 16.66	
City State Zip Code Norfolk VA 23523		Transaction ID: D31372	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 676 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Jalisa Keeling		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 5384 Hanyen Dr Norfolk, VA 23502-2116		Amount 20.00	
City Norfolk State VA Zip Code 23502-2116		Transaction ID: D31234	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Tisha Smith		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1718 Hodges Ferry Rd Portsmouth, VA 23701-2113		Amount 23.33	
City Portsmouth State VA Zip Code 23701-2113		Transaction ID: D31292	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		43.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 677 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Derrick Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 545 21st St APT A		Amount 16.67	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31428	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 544 22nd St APT C		Amount 16.66	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31441	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		33.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 678 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Patrick Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2800 Yellow Spring Ct Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31086	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jasmine Elliott		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 3400 Brandywine Dr Chesapeake, VA 23321-4911		Amount 16.67	
City Chesapeake State VA Zip Code 23321-4911		Transaction ID: D31313	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 679 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Linemark Printing		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1220 Caraway Court Suite 1040		Amount 699.18	
City State Zip Code Largo MD 20774		Transaction ID: D31289	
Purpose of Expenditure Grassroots Campaign Materials		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Jeremiah Davis		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 23609 Jefferson Ave Newport News, VA 23607		Amount 25.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31549	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		724.18	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 680 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Chenalo Lewis		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City State Zip Code Newport News VA 23607-5643		Transaction ID: D31539	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			
Full Name (Last, First, Middle, Initial) of Payee Sandra DeBrew		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 544 22nd St APT C		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.66</div>	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31447	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4162.63</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">41.66</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 681 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Roderyck Bullock		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1604 N 28th St Richmond, VA 23223-5316		Amount 10.00	
City Richmond State VA Zip Code 23223-5316		Transaction ID: D31117	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Norma Robinson		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1528 Coalter St Richmond, VA 23223		Amount 30.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31082	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 682 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Marquita McConico		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 228 Chowas Trace Portsmouth, VA 23701		Amount 20.00	
City State Zip Code Portsmouth VA 23701		Transaction ID: D31256	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount 20.00	
City State Zip Code Newport News VA 23607-5643		Transaction ID: D31129	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 683 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 26.66	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31199	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Walteria Williford		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 30.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31104	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 684 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Anika Blair		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2917 Ryland Rd Hampton, VA 23661		Amount 20.00	
City State Zip Code Hampton VA 23661		Transaction ID: D31273	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Terrell Debrew		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 544 22nd Street Apt C		Amount 16.66	
City State Zip Code Newport News VA 23607-5274		Transaction ID: D31435	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4162.63			
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 685 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Andrea Bullock		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 1823 N 29th St Richmond, VA 23223		Amount 25.00	
City Richmond State VA Zip Code 23223		Transaction ID: D31464	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Inez Smith		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 1002 Home Ave Portsmouth, VA 23701		Amount 20.00	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31205	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 686 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Beverly B. Davis		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 405 Russell Street Portsmouth, VA 23707		Amount 16.66	
City Portsmouth		Transaction ID: D31345	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Zip Code 23707		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott			
Calendar Year-To-Date Per Election for Office Sought		4162.63	
Full Name (Last, First, Middle, Initial) of Payee Levi Bradley		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 2221 Fairfield Ave Richmond, VA 23223		Amount 25.00	
City Richmond		Transaction ID: D31494	
State VA		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Zip Code 23223		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure GOTV Worker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: James Webb			
Calendar Year-To-Date Per Election for Office Sought		8117.26	
(a) SUBTOTAL of Itemized Independent Expenditures		41.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 687 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cardell Patillo, Jr.		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 506 Roosevelt Blvd Portsmouth, VA 23701		Amount 23.34	
City Portsmouth State VA Zip Code 23701		Transaction ID: D31358	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Jocie Jarman		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 132 Garrett Hampton, VA 23666		Amount 40.00	
City Hampton State VA Zip Code 23666		Transaction ID: D31505	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		63.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 688 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lionel Brookins		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 301 Bertwick Ln Chesapeake, VA 23325		Amount 16.66	
City State Zip Code Chesapeake VA 23325		Transaction ID: D31378	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Xavier Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 544 22nd St APT C		Amount 20.00	
City State Zip Code Newport News VA 23607-4541		Transaction ID: D31145	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 689 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kristal Lee		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 50 Tupelo Circle Hampton, VA 23666		Amount 35.00	
City State Zip Code Hampton VA 23666		Transaction ID: D31532	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
Full Name (Last, First, Middle, Initial) of Payee Ramon Clyburn		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 531 19th St Apt B		Amount 20.00	
City State Zip Code Newport News VA 23607		Transaction ID: D31195	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8117.26			
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 690 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Andre Smith		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1102 Williamsburg Rd Richmond, VA 23231		Amount 30.00	
City Richmond State VA Zip Code 23231		Transaction ID: D31055	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Lavelle Clyburn		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 531 19th St Apt B		Amount 16.67	
City Newport News State VA Zip Code 23607		Transaction ID: D31413	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		46.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 691 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Janice Moody		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 105 St George Way Hampton, VA 23661		Amount 20.00	
City Hampton State VA Zip Code 23661		Transaction ID: D31213	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Brandon Poulson		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 50 Tueplo Circle Hampton, VA 23666-4842		Amount 25.00	
City Hampton State VA Zip Code 23666-4842		Transaction ID: D31477	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		45.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 692 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Orlando Lewis		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 1716 Terminal Ave Newport News, VA 23607-5643		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Newport News</div> <div>State VA</div> <div>Zip Code 23607-5643</div> </div>		Transaction ID: D31130	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2732.98</div>			
Full Name (Last, First, Middle, Initial) of Payee Wilnet Miller		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 4706 Masondale Dr Richmond, VA 23234		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Richmond</div> <div>State VA</div> <div>Zip Code 23234</div> </div>		Transaction ID: D31121	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8117.26</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Abbi Easter _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 693 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tammy Jenkins		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1332 Tree Ridge Road Richmond, VA 23231		Amount 30.00	
City State Zip Code Richmond VA 23231		Transaction ID: D31100	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Wilnet Miller		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 4706 Masondale Dr Richmond, VA 23234		Amount 30.00	
City State Zip Code Richmond VA 23234		Transaction ID: D31108	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 694 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cheryl Sparrow		Date MM / DD / YYYY 11 / 05 / 2006	
Mailing Address 3148 Fairview St Norfolk, VA 23523		Amount 16.67	
City State Zip Code Norfolk VA 23523		Transaction ID: D31374	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Thaddeus Lewis		Date MM / DD / YYYY 10 / 29 / 2006	
Mailing Address 545 21st St APT A		Amount 20.00	
City State Zip Code Newport News VA 23607-5290		Transaction ID: D31138	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		36.67	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date MM / DD / YYYY 11 / 05 / 2006	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 695 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Stewart Adams		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2726 High St Portsmouth, VA 23707-3522		Amount 26.67	
City State Zip Code Portsmouth VA 23707-3522		Transaction ID: D31202	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Stewart Adams		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 2726 High St Portsmouth, VA 23707-3522		Amount 26.67	
City State Zip Code Portsmouth VA 23707-3522		Transaction ID: D31201	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		53.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 696 / 743

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER ▼ C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ricky Walker		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 411 W Clay St Richmond, VA 23219		Amount 30.00	
City Richmond State VA Zip Code 23219		Transaction ID: D31090	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Michelle Warren		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 749 36th Street, Apt 4 Newport News, VA 23607		Amount 25.00	
City Newport News State VA Zip Code 23607		Transaction ID: D31481	
Purpose of Expenditure GOTV Worker		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: James Webb		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8117.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures		15012.87	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 697 / 743

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia				<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee Democratic Party of Virginia			
If YES, name the designating committee:		Mailing Address 1108 E MAIN STREET, 2ND FLOOR			
		City RICHMOND		State VA ZIP Code 23219	

Full Name (Last, First, Middle Initial) of Each Payee Nabil Baz				Purpose of Expenditure Election Day Can- vasser		<input type="checkbox"/> Category/Type																					
Mailing Address 6807 Hackberry Street Springfield, VA 22152				Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">7</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	7		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
1	1		0					7		2	0	0	6														
City State ZIP Code Springfield VA 22152																											
Name of Federal Candidate Supported Andrew Hurst		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: VA District: 11		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>																					
Aggregate General Election Expenditure for this Candidate ►				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							
Transaction ID: D32780																											

Full Name (Last, First, Middle Initial) of Each Payee Winning Directions				Purpose of Expenditure GOTV Calls - 441 Kellam		<input type="checkbox"/> Category/Type																					
Mailing Address 1366 San Mateo Avenue South San Francisco, CA 94080				Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
1	1		0					2		2	0	0	6														
City State ZIP Code South San Francisc CA 94080																											
Name of Federal Candidate Supported Phil Kellam		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: VA District: 02		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11110.54</div>																					
Aggregate General Election Expenditure for this Candidate ►				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							
Transaction ID: D31681																											

Full Name (Last, First, Middle Initial) of Each Payee Amy Reger				Purpose of Expenditure Food Reimburse- ment		<input type="checkbox"/> Category/Type																					
Mailing Address 4220 Pickett Street Box 225				Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	7		2	0	0	6
M	M	/	D					D	/	Y	Y	Y	Y														
1	1		2					7		2	0	0	6														
City State ZIP Code The Plains VA 20198																											
Name of Federal Candidate Supported Phil Kellam		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: VA District: 02		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3337.54</div>																					
Aggregate General Election Expenditure for this Candidate ►				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)																							
Transaction ID: D31784																											

SUBTOTAL of Expenditures This Page (optional)		14508.08	
TOTAL This Period (last page this line number only)			

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 702 / 743

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee Democratic Party of Virginia	
If YES, name the designating committee:		Mailing Address 1108 E MAIN STREET, 2ND FLOOR	
		City RICHMOND	State VA ZIP Code 23219

Full Name (Last, First, Middle Initial) of Each Payee David Braga				Purpose of Expenditure Election Day Can- vasser		<input type="checkbox"/> Category/Type	
Mailing Address 3076 Woodscone Lane Woodbridge, VA 22192				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>	
City Woodbridge VA ZIP Code 22192		<div style="display: flex; justify-content: space-between;"> <div>Name of Federal Candidate Supported</div> <div>Office Sought: <input checked="" type="checkbox"/> House State: VA</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>Andrew Hurst</div> <div>Senate District: 11</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>Aggregate General Election Expenditure for this Candidate ▶</div> <div>1200.00</div> </div>					
Transaction ID: D32785				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) of Each Payee Maya Jennings				Purpose of Expenditure Election Day Can- vasser		<input type="checkbox"/> Category/Type	
Mailing Address 7903 Bentley Village Dr. Springfield, VA 22152				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>	
City Springfield VA ZIP Code 22152		<div style="display: flex; justify-content: space-between;"> <div>Name of Federal Candidate Supported</div> <div>Office Sought: <input checked="" type="checkbox"/> House State: VA</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>Andrew Hurst</div> <div>Senate District: 11</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>Aggregate General Election Expenditure for this Candidate ▶</div> <div>1200.00</div> </div>					
Transaction ID: D32784				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

Full Name (Last, First, Middle Initial) of Each Payee US Postmaster				Purpose of Expenditure Mail Postage/Kel- lam VA 6th		<input type="checkbox"/> Category/Type	
Mailing Address Merrifield Postal Store Merrifield, VA 22081				Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 0 6</div> </div>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1123.39</div>	
City Merrifield VA ZIP Code 22081		<div style="display: flex; justify-content: space-between;"> <div>Name of Federal Candidate Supported</div> <div>Office Sought: <input checked="" type="checkbox"/> House State: VA</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>Phil Kellam</div> <div>Senate District: 02</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>Aggregate General Election Expenditure for this Candidate ▶</div> <div>45123.95</div> </div>					
Transaction ID: D31679				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)			

SUBTOTAL of Expenditures This Page (optional)		1243.39	
TOTAL This Period (last page this line number only)			

SCHEDULE F (FECForm 3X)**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 706 / 743

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee Democratic Party of Virginia	
If YES, name the designating committee:		Mailing Address 1108 E MAIN STREET, 2ND FLOOR	
		City RICHMOND	State VA ZIP Code 23219
Full Name (Last, First, Middle Initial) of Each Payee Mack Crounse Group		Purpose of Expenditure Mail Program/Kel- lam VA 6th	<input type="checkbox"/> Category/Type
Mailing Address 308 N View Terrace Alexandria, VA 22301			
City Alexandria	State VA	ZIP Code 22301	
Name of Federal Candidate Supported Phil Kellam	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Aggregate General Election Expenditure for this Candidate ►		Amount 9018.89	
Transaction ID: D31673		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional)	►	9018.89
TOTAL This Period (last page this line number only)	►	115735.19

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 707 / 743
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

NAME OF ACCOUNT
 Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

67403.58

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

67403.58

Transaction ID: T41

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

67403.58

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

67403.58

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 708 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 Net Telcos

Mailing Address

4551 Cox Rd Ste 100

City

State

Zip Code

Glen Allen

VA

23060-6740

Purpose of Disbursement:
 Internet Service Fees

Category/
Type

Activity or Event Identifier:

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: D31769H4

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

642.01

B. Full Name (Last, First, Middle Initial)
 Nuckols & Company

Mailing Address

4312 Grove Ave

City

State

Zip Code

Richmond

VA

23221-1802

Purpose of Disbursement:
 Accounting Services

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: D31612H4

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

234.93

883.82

1118.75

C. Full Name (Last, First, Middle Initial)
 Cingular Wireless

Mailing Address

P.O. Box 17356

City

State

Zip Code

Baltimore

MD

21297

Purpose of Disbursement:
 Cell Phones

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: D31766H4

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

15.59

58.69

74.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.52

942.51

1193.03

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	709 / 743
FOR LINE 21a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
De Lage Landen Financial

Mailing Address

PO Box 41601

City	State	Zip Code
Philadelphia	PA	19101-1601

Purpose of Disbursement:
Office Equipment LeaseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31611H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.41		396.57		501.98

B. Full Name (Last, First, Middle Initial)
De Lage Landen Financial

Mailing Address

PO Box 41601

City	State	Zip Code
Philadelphia	PA	19101-1601

Purpose of Disbursement:
Office Equipment LeaseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31628H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.90		285.55		361.45

C. Full Name (Last, First, Middle Initial)
De Lage Landen Financial

Mailing Address

PO Box 41601

City	State	Zip Code
Philadelphia	PA	19101-1601

Purpose of Disbursement:
Office Equipment LeaseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31764H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.76		529.57		670.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
322.07		1211.69		1533.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 710 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 Eric Flemming

Mailing Address

1324 Five Point Rd

City	State	Zip Code
Virginia Beach	VA	23454

Purpose of Disbursement:
 General Political Consulting

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31610H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
273.00		1027.00		1300.00

B. Full Name (Last, First, Middle Initial)
 David John Mills

Mailing Address

2300 East Cary Street Apartment #523

City	State	Zip Code
Richmond	VA	23223

Purpose of Disbursement:
 Mileage Reimbursement

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31652H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.90		138.85		175.75

C. Full Name (Last, First, Middle Initial)
 UPS

Mailing Address

PO Box 7247-0244

City	State	Zip Code
Philadelphia	PA	19170

Purpose of Disbursement:
 Shipping

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31646H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.64		17.50		22.14

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
314.54		1183.35		1497.89

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 711 / 743
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
UPS

Mailing Address

PO Box 7247-0244

 City State Zip Code
Philadelphia PA 19170

 Purpose of Disbursement:
Shipping
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

 Date M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: D31624H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.13		15.57		19.70

B. Full Name (Last, First, Middle Initial)
UPS

Mailing Address

PO Box 7247-0244

 City State Zip Code
Philadelphia PA 19170

 Purpose of Disbursement:
Shipping
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

 Date M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: D31763H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.06		274.85		347.91

C. Full Name (Last, First, Middle Initial)
UPS

Mailing Address

PO Box 7247-0244

 City State Zip Code
Philadelphia PA 19170

 Purpose of Disbursement:
Shipping
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

 Date M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: D31762H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.11		15.50		19.61

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
81.30		305.92		387.22

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 712 / 743
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

UPS

Mailing Address

PO Box 7247-0244

City	State	Zip Code
Philadelphia	PA	19170

Purpose of Disbursement:
ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date 11 / 15 / 2006

Transaction ID: D31761H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.45		125.88		159.33

B. Full Name (Last, First, Middle Initial)

UPS

Mailing Address

PO Box 7247-0244

City	State	Zip Code
Philadelphia	PA	19170

Purpose of Disbursement:
ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date 10 / 23 / 2006

Transaction ID: D31632H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
66.54		250.35		316.89

C. Full Name (Last, First, Middle Initial)

Warren Richards

Mailing Address

919 Druid Cir Apt #7

City	State	Zip Code
Norfolk	VA	23504

Purpose of Disbursement:
PayrollCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date 10 / 20 / 2006

Transaction ID: D31608H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
195.93		737.07		933.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
295.92		1113.30		1409.22

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 713 / 743
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Pitney Bowes Credit Corp.

Mailing Address

PO Box 85460

City	State	Zip Code
Louisville	KY	40285-5460

Purpose of Disbursement:
PostageCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date 10 / 27 / 2006

Transaction ID: D31647H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
258.90		973.96		1232.86

B. Full Name (Last, First, Middle Initial)
Pitney Bowes Credit Corp.

Mailing Address

PO Box 85460

City	State	Zip Code
Louisville	KY	40285-5460

Purpose of Disbursement:
Postage Machine LeaseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date 10 / 23 / 2006

Transaction ID: D31631H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
273.91		1030.45		1304.36

C. Full Name (Last, First, Middle Initial)
Lanier World Wide, Inc.

Mailing Address

2300 Parklake Drive

City	State	Zip Code
Atlanta	GA	30345-2814

Purpose of Disbursement:
Copier LeaseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date 10 / 27 / 2006

Transaction ID: D31653H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
134.28		505.15		639.43

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
667.09		2509.56		3176.65

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 714 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 Lanier World Wide, Inc.

Mailing Address

2300 Parklake Drive

City	State	Zip Code
Atlanta	GA	30345-2814

Purpose of Disbursement:
 Copier Lease

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31785H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.88		481.11		608.99

B. Full Name (Last, First, Middle Initial)
 Verizon

Mailing Address

PO Box 17577

City	State	Zip Code
Baltimore	MD	21297-0513

Purpose of Disbursement:
 Telephone Service

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31616H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
183.03		688.56		871.59

C. Full Name (Last, First, Middle Initial)
 Verizon

Mailing Address

PO Box 17577

City	State	Zip Code
Baltimore	MD	21297-0513

Purpose of Disbursement:
 Telephone Service

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31758H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.68		153.04		193.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
351.59		1322.71		1674.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 715 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 UpTime Solutions

Mailing Address

3807 Gaskins Rd

City

State

Zip Code

Richmond

VA

23233-1436

Purpose of Disbursement:
 Network Contract Services

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: D31772H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

242.13

910.87

1153.00

B. Full Name (Last, First, Middle Initial)
 UpTime Solutions

Mailing Address

3807 Gaskins Rd

City

State

Zip Code

Richmond

VA

23233-1436

Purpose of Disbursement:
 Network Contract Services

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: D31613H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

184.38

693.66

878.04

C. Full Name (Last, First, Middle Initial)
 Political CFOS, Inc

Mailing Address

201 King Street Suite 200

City

State

Zip Code

Alexandria

VA

22314

Purpose of Disbursement:
 Compliance Consulting Fees

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: D31693H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

843.93

3174.79

4018.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1270.44

4779.32

6049.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 716 / 743
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Lexis Nexis

Mailing Address

PO Box 933

 City State Zip Code
Dayton OH 45401-0933

 Purpose of Disbursement:
Research Services
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

 Date M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: D31765H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.42		238.58		302.00

B. Full Name (Last, First, Middle Initial)
Lexis Nexis

Mailing Address

PO Box 933

 City State Zip Code
Dayton OH 45401-0933

 Purpose of Disbursement:
Research Service Fees
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

 Date M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: D31629H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.42		238.58		302.00

C. Full Name (Last, First, Middle Initial)
The Supply Room Companies, Inc.

Mailing Address

PO Box 6887

 City State Zip Code
Richmond VA 23230-0887

 Purpose of Disbursement:
Office Supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

 Date M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: D31626H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.48		276.44		349.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.32		753.60		953.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 717 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 Purchase Power

Mailing Address

PO Box 856042

City	State	Zip Code
Louisville	KY	40285-6042

Purpose of Disbursement:
 Postage

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31630H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
457.45		1720.92		2178.37

B. Full Name (Last, First, Middle Initial)
 ABBA, Inc.

Mailing Address

1601 Anderson Hwy

City	State	Zip Code
Powhatan	VA	23139-8008

Purpose of Disbursement:
 Machine Maintenance

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31771H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
164.49		618.81		783.30

C. Full Name (Last, First, Middle Initial)
 Frank Parsons Paper Company

Mailing Address

6715-B Electronic Drive

City	State	Zip Code
Springfield	VA	22151

Purpose of Disbursement:
 Paper & Paper Products

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31774H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.22		854.80		1082.02

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
849.16		3194.53		4043.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 718 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 Frank Parsons Paper Company

Mailing Address

6715-B Electronic Drive

City	State	Zip Code
Springfield	VA	22151

Purpose of Disbursement:
 Paper

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31775H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

194.22

730.64

924.86

B. Full Name (Last, First, Middle Initial)
 Jamie Nolan

Mailing Address

7103 Fernwood St #2622

City	State	Zip Code
Richmond	VA	23228

Purpose of Disbursement:
 Mileage Reimbursement

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31649H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.02

48.98

62.00

C. Full Name (Last, First, Middle Initial)
 AT&T

Mailing Address

1120 20th St NW Ste 1000

City	State	Zip Code
Washington	DC	20036-3406

Purpose of Disbursement:
 Long Distance Phone Service

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31615H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.28

65.02

82.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

224.52

844.64

1069.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 719 / 743

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 AT&T

Mailing Address

1120 20th St NW Ste 1000

City

State

Zip Code

Washington

DC

20036-3406

Purpose of Disbursement:
 Long Distance Phones

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: D31614H4

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

137.61

517.70

655.31

B. Full Name (Last, First, Middle Initial)
 United House of Prayer

Mailing Address

1206 Church St

City

State

Zip Code

Norfolk

VA

23504

Purpose of Disbursement:
 Site Rental

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 0 6

Transaction ID: D31737H4

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

C. Full Name (Last, First, Middle Initial)
 Southern Copier Sales & Service

Mailing Address

PO Box 82

City

State

Zip Code

Mechanicsville

VA

23111-0082

Purpose of Disbursement:
 Copier Supplies

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: D31654H4

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

95.85

360.61

456.46

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

285.96

1075.81

1361.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 720 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Diamond Springs

Mailing Address

2400 Charles City Rd

City	State	Zip Code
Richmond	VA	23231-4402

Purpose of Disbursement:
Water ServiceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31756H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.39		42.85		54.24

B. Full Name (Last, First, Middle Initial)

Ivy Baptist Church

Mailing Address

2702 Chestnut Ave

City	State	Zip Code
Newport News	VA	23607

Purpose of Disbursement:
Site RentalCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31739H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.66		596.89		755.55

C. Full Name (Last, First, Middle Initial)

tinyHorse Solutions, LLC

Mailing Address

937 President St #4A

City	State	Zip Code
Brooklyn	NY	11215

Purpose of Disbursement:
Software LicenseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: D31755H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
430.50		1619.50		2050.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
600.55		2259.24		2859.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 721 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)

Margaret Hogan

Mailing Address

513 N Ivy St

City

State

Zip Code

Arlington

VA

22201-1707

Purpose of Disbursement:
Postage ReimbursementCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: D31620H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

.85

3.20

4.05

B. Full Name (Last, First, Middle Initial)

Elizabeth Pearson

Mailing Address

1701 16th St NW

Apt 363

City

State

Zip Code

Washington

DC

20009-3115

Purpose of Disbursement:
Mileage ReimbursementCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: D31621H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

27.84

104.77

132.61

C. Full Name (Last, First, Middle Initial)

FedEx Kinko's

Mailing Address

111 E Main St

City

State

Zip Code

Richmond

VA

23219-2111

Purpose of Disbursement:
ShippingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: D31617H4

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.96

67.57

85.53

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

46.65

175.54

222.19

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 722 / 743
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
 FedEx Kinko's

Mailing Address
 111 E Main St

City State Zip Code
 Richmond VA 23219-2111

Purpose of Disbursement:
 Shipping

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date MM / DD / YYYY
 10 / 23 / 2006

Transaction ID: D31618H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.55		54.75		69.30

B. Full Name (Last, First, Middle Initial)
 Platinum Plus for Business

Mailing Address
 PO Box 15469

City State Zip Code
 Wilmington DE 19886-5469

Purpose of Disbursement:
 Credit Card Payment

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date MM / DD / YYYY
 11 / 02 / 2006

Transaction ID: D31686H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1270.94		4781.16		6052.10

C. Full Name (Last, First, Middle Initial)
 Brian Phillips

Mailing Address
 6545 Belspring Road

City State Zip Code
 Radford VA 24141

Purpose of Disbursement:
 Expense Reimbursement

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

360805.22

Date MM / DD / YYYY
 11 / 27 / 2006

Transaction ID: D31782H4

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
216.09		812.91		1029.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1501.58		5648.82		7150.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
7262.21	27320.54	34582.75

**SCHEDULE H5 (FEC Form 3X)
TRANSFERS OF LEVIN FUNDS FOR
SHARED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**

PAGE 723 / 743

FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

NAME OF ACCOUNT

Levin Account

DATE OF RECEIPT

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

147085.28

Transaction ID: T44

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0.00

ii) **Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

0.00

iii) **GOTV**

Total Amount Transferred for GOTV.....

GOTV

147085.28

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID).....

0.00

TOTAL This Period (GOTV).....

147085.28

TOTAL This Period (Generic Campaign Activity).....

0.00

TOTAL This Period (Total Amount of Transfers Received).....

147085.28

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 724 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization NameMcArdle Printing Com-
pany

Type of Allocated Activity or Event:

☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

800 Commerce Drive

City

Upper Marlboro

State

MD

Zip Code

20774

Purpose of Disbursement

Generic GOTV Postcard Postage

Category/
Type

Date

M M
1 0D D
3 1Y Y Y Y
2 0 0 6

FEDERAL SHARE

6982.34

+

LEVIN SHARE

26266.90

=

TOTAL AMOUNT

33249.24

Transaction ID: D31671H6

B. Full Name (Last ,First, Middle Initial) / Full Organization NameMcArdle Printing Com-
pany

Type of Allocated Activity or Event:

☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

800 Commerce Drive

City

Upper Marlboro

State

MD

Zip Code

20774

Purpose of Disbursement

Generic GOTV Postcard Postage

Category/
Type

Date

M M
1 1D D
0 2Y Y Y Y
2 0 0 6

FEDERAL SHARE

1212.43

+

LEVIN SHARE

4561.05

=

TOTAL AMOUNT

5773.48

Transaction ID: D31688H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

8194.77

+

LEVIN SHARE

30827.95

=

TOTAL AMOUNT

39022.72

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 725 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Winning Directions

Type of Allocated Activity or Event:

☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

1366 San Mateo Avenue

City

South San Francisc

State

CA

Zip Code

94080

Purpose of Disbursement

Generic GOTV Calls

Category/
Type

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

FEDERAL SHARE

2333.21

+

LEVIN SHARE

8777.33

=

TOTAL AMOUNT

11110.54

Transaction ID: D31682H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Winning Directions

Type of Allocated Activity or Event:

☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

1366 San Mateo Avenue

City

South San Francisc

State

CA

Zip Code

94080

Purpose of Disbursement

Generic ID Calls

Category/
Type

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

FEDERAL SHARE

9103.54

+

LEVIN SHARE

34246.66

=

TOTAL AMOUNT

43350.20

Transaction ID: D31666H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

11436.75

+

LEVIN SHARE

43023.99

=

TOTAL AMOUNT

54460.74

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X) **DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS** **FOR SHARED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 726 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization NameLandmark Strategies,
Inc.**Type of Allocated Activity or Event:**☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

1029 N Royal St Ste 350

City

Alexandria

State

VA

Zip Code

223145508

Purpose of Disbursement

Generic GOTV Calls

Category/
Type

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 6

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

7103.25

26721.75

33825.00

Transaction ID: D31684H6

B. Full Name (Last ,First, Middle Initial) / Full Organization NameLandmark Strategies,
Inc.**Type of Allocated Activity or Event:**☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

1029 N Royal St Ste 350

City

Alexandria

State

VA

Zip Code

223145508

Purpose of Disbursement

Generic GOTV Calls

Category/
Type

Date

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

17850.00

67150.00

85000.00

Transaction ID: D31740H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

24953.25

93871.75

118825.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 727 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization NameLandmark Strategies,
Inc.

Type of Allocated Activity or Event:

☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

1029 N Royal St Ste 350

City

Alexandria

State

VA

Zip Code

223145508

Category/
TypePurpose of Disbursement
Generic GOTV CallsDate

M	M
1	1

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

21000.00

+

LEVIN SHARE

79000.00

=

TOTAL AMOUNT

100000.00

Transaction ID: D31685H6

B. Full Name (Last ,First, Middle Initial) / Full Organization NameMcMahon Squire & Ass-
oc

Type of Allocated Activity or Event:

☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

City

State

Zip Code

Category/
TypePurpose of Disbursement
Generic GOTV RadioDate

M	M
1	0

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

14466.69

+

LEVIN SHARE

54422.31

=

TOTAL AMOUNT

68889.00

Transaction ID: D31668H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

35466.69

+

LEVIN SHARE

133422.31

=

TOTAL AMOUNT

168889.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 728 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

US Postmaster

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

Merrifield Postal Store

City

Merrifield

State

VA

Zip Code

22081

Purpose of Disbursement

Generic GOTV Postage

Category/
TypeDate

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

2495.12

+

LEVIN SHARE

9386.44

=

TOTAL AMOUNT

11881.56

Transaction ID: D31656H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Wampold Strategies

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address

216 11th St SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

Generic GOTV Postcard

Category/
TypeDate

M	M
1	0

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

12393.23

+

LEVIN SHARE

46622.17

=

TOTAL AMOUNT

59015.40

Transaction ID: D31670H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

14888.35

+

LEVIN SHARE

56008.61

=

TOTAL AMOUNT

70896.96

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 729 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Wampold Strategies

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☒ Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
216 11th St SECity
WashingtonState
DCZip Code
20003Purpose of Disbursement
Generic GOTV PostcardCategory/
TypeDate

M	M
1	0

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

6247.58

+

LEVIN SHARE

23502.82

=

TOTAL AMOUNT

29750.40

Transaction ID: D31655H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Wampold Strategies

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☒ Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
216 11th St SECity
WashingtonState
DCZip Code
20003Purpose of Disbursement
Generic GOTV PostcardCategory/
TypeDate

M	M
1	1

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

787.50

+

LEVIN SHARE

2962.50

=

TOTAL AMOUNT

3750.00

Transaction ID: D31687H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

7035.08

+

LEVIN SHARE

26465.32

=

TOTAL AMOUNT

33500.40

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 730 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV MaterialsCategory/
TypeDate

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

6240.95

+

LEVIN SHARE

23477.86

=

TOTAL AMOUNT

29718.81

Transaction ID: D31637H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV Campaign MaterialsCategory/
TypeDate

M	M
1	0

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

4908.15

+

LEVIN SHARE

18464.00

=

TOTAL AMOUNT

23372.15

Transaction ID: D31605H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

11149.10

+

LEVIN SHARE

41941.86

=

TOTAL AMOUNT

53090.96

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE 731 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV Campaign MaterialsCategory/
TypeDate

M	M
1	0

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

10145.13

+

LEVIN SHARE

38165.03

=

TOTAL AMOUNT

48310.16

Transaction ID: D31604H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV MaterialsCategory/
TypeDate

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

8629.16

+

LEVIN SHARE

32462.08

=

TOTAL AMOUNT

41091.24

Transaction ID: D31639H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

18774.29

+

LEVIN SHARE

70627.11

=

TOTAL AMOUNT

89401.40

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 732 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV MaterialsCategory/
TypeDate

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

8629.16

+

LEVIN SHARE

32462.08

=

TOTAL AMOUNT

41091.24

Transaction ID: D31636H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:☐

Voter Registration

☐

GOTV

☐

Voter ID

☒

Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV Mail PieceCategory/
TypeDate

M	M
1	0

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

8347.50

+

LEVIN SHARE

31402.50

=

TOTAL AMOUNT

39750.00

Transaction ID: D31665H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

16976.66

+

LEVIN SHARE

63864.58

=

TOTAL AMOUNT

80841.24

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR SHARED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 733 / 743

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

A. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☒ Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic Mail ProgramCategory/
TypeDate

M	M
1	1

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

15750.00

+

LEVIN SHARE

59250.00

=

TOTAL AMOUNT

75000.00

Transaction ID: D32817H6

B. Full Name (Last ,First, Middle Initial) / Full Organization Name

Mack Crounse Group

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☒ Generic Campaign

Allocated Activity or Event Year-To-Date

809900.87

Mailing Address
308 N View TerraceCity
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Generic GOTV MaterialsCategory/
TypeDate

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	6

FEDERAL SHARE

5454.21

+

LEVIN SHARE

20518.24

=

TOTAL AMOUNT

25972.45

Transaction ID: D31640H6

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

21204.21

+

LEVIN SHARE

79768.24

=

TOTAL AMOUNT

100972.45

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

170079.15

LEVIN SHARE

639821.72

TOTAL AMOUNT

809900.87

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)

734 / 743

AGGREGATION PAGE: LEVIN FUNDSTransaction ID: **SchedL147**

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

NAME OF ACCOUNT
Levin Account

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	148000.00	148000.00
b. Unitemized.....	0.00	0.00
c. Total.....	148000.00	148000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	148000.00	148000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	147085.28	147085.28
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	147085.28	147085.28
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS..... (from Line 3)	148000.00	148000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	148000.00	148000.00
10. DISBURSEMENTS..... (From Line 6)	147085.28	147085.28
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		914.72

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

PAGE 735 / 743

☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Democratic Party of Virginia Federal Account

Mailing Address PO Box 1057

City State Zip Code
 Richmond VA 23218

Purpose of Disbursement
 Transfer to Federal Acct

Transaction ID: D32816

Date of Disbursement

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

147085.28

Account: Levin

SUBTOTAL of Disbursements This Page (optional)

147085.28

TOTAL This Period (last page this line number only)

147085.28

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 736 / 743

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. S Daniel Abraham

Mailing Address 777 S Flagler Dr
FL 15

City State Zip Code
West Palm Beach FL 33401-6161

Name of Employer or Principal Place of Business
Loews Corporation

Occupation
Executive

Full Name (Last, First, Middle Initial)

B. Affordable Shelter PAC

Mailing Address 14160 Nowbrook Dr
Suite 200

City State Zip Code
Chantilly VA 20151

Name of Employer or Principal Place of Business

Occupation
PAC

Full Name (Last, First, Middle Initial)

C. AFSCME

Mailing Address 1625 L St NW

City State Zip Code
Washington DC 20036-5665

Name of Employer or Principal Place of Business

Occupation
PAC

Full Name (Last, First, Middle Initial)

D. Association of Trial Lawyers of America PAC

Mailing Address 1050 31st St NW

City State Zip Code
Washington DC 20007-4409

Name of Employer or Principal Place of Business

Occupation
PAC

Transaction ID: C164763

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID: C164728

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account:

Transaction ID: C164761

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID: C164760

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 737 / 743

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address 1500 Market St

City Philadelphia State PA Zip Code 19102

Name of Employer or Principal Place of Business

Occupation
Cable Co

Full Name (Last, First, Middle Initial)

B. Albert J Dwoskin

Mailing Address 9302 Lee Hwy
STE 300

City Fairfax State VA Zip Code 22031-6052

Name of Employer or Principal Place of Business
A. J. Dwoskin & Associate-

Occupation
CEO

Full Name (Last, First, Middle Initial)

C. Friends of Dan Szeke

Mailing Address 904 Anadoreton Parkway

City Richmond State VA Zip Code 23226

Name of Employer or Principal Place of Business

Occupation
Candidate Committee

Full Name (Last, First, Middle Initial)

D. Friends of Jeanette Rishell

Mailing Address 9331 South Whitt Dr

City Washington State DC Zip Code 20011

Name of Employer or Principal Place of Business
Candidate Committee

Occupation
Manassas Park VA

Transaction ID:C164741

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Account:

Transaction ID:C164765

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID:C164725

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID:C164758

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

SUBTOTAL of Receipts This Page (optional)

31000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 738 / 743

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. John Groupe

Mailing Address 815 Prince St

City Alexandria State VA Zip Code 22314

Name of Employer or Principal Place of Business

Occupation
Contractor

Full Name (Last, First, Middle Initial)

B. Franklin Hall

Mailing Address PO Box 3407

City Richmond State VA Zip Code 23235-7407

Name of Employer or Principal Place of Business
Commonwealth of VA

Occupation
Minority Leader

Full Name (Last, First, Middle Initial)

C. John Henry

Mailing Address 54 Riverside Dr #16B

City Nyc State NY Zip Code 10024

Name of Employer or Principal Place of Business
Self

Occupation
Writer

Full Name (Last, First, Middle Initial)

D. IBEW Educational Committee

Mailing Address 1125 15th St NW

City Washington State DC Zip Code 20005-2707

Name of Employer or Principal Place of Business

Occupation
PAC

Transaction ID:C164732

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

4000.00

Account:

Transaction ID:C164762

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

5250.00

Aggregate Year-to-Date

5250.00

Account:

Transaction ID:C164733

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID:C164784

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

SUBTOTAL of Receipts This Page (optional)

29250.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 739 / 743

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Tammy S Murphy

Mailing Address

City State Zip Code
Red Bank NJ 07701

Name of Employer or Principal Place of Business
Self

Occupation
Homemaker

Full Name (Last, First, Middle Initial)

B. One Virginia

Mailing Address PO Box 1858

City State Zip Code
Richmond VA 23218

Name of Employer or Principal Place of Business

Occupation
PAC

Full Name (Last, First, Middle Initial)

C. Sharon E Pandak

Mailing Address 11230 Edgemoor Ct

City State Zip Code
Woodbridge VA 22192-1146

Name of Employer or Principal Place of Business
Sands, Marks & Miller

Occupation
attorney

Full Name (Last, First, Middle Initial)

D. Peter Hart Research Assoc

Mailing Address 1724 Connecticut Ave NW

City State Zip Code
Washington DC 20009

Name of Employer or Principal Place of Business

Occupation
Polling

Transaction ID:C164785

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID:C164757

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID:C163850

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

Transaction ID:C164724

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Account:

SUBTOTAL of Receipts This Page (optional)

30500.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 740 / 743

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Pullar for Senate

Mailing Address PO Box 146

City State Zip Code
Mount Vernon VA 22121

Name of Employer or Principal Place of Business

Occupation
Candidate Committee

Full Name (Last, First, Middle Initial)

B. Judith Y Rasmussen

Mailing Address PO Box 229

City State Zip Code
Ivy VA 22945-0229

Name of Employer or Principal Place of Business
Self employd

Occupation
Designer to the Stars

Full Name (Last, First, Middle Initial)

C. Rob Shinn

Mailing Address PO Box 85629

City State Zip Code
Richmond VA 23285-5629

Name of Employer or Principal Place of Business
CSX Corporation

Occupation
Political Development

Full Name (Last, First, Middle Initial)

D. The NEA Fund for Children & Public Education Feder

Mailing Address 1201 16th St NW
STE 421

City State Zip Code
Washington DC 20036-3207

Name of Employer or Principal Place of Business

Occupation
PAC

Transaction ID:C164721

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Account:

Transaction ID:C164778

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Account:

Transaction ID:C164783

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Account:

Transaction ID:C164740

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

 Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE 741 / 743

 FOR LINE NUMBER:
 (check only one)

☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. VA AFL-CIO
 Mailing Address 5400 Glenside Drive
 Suite E

City Richmond State VA Zip Code 23228

Name of Employer or Principal Place of Business

 Occupation
 Labor Organization

Full Name (Last, First, Middle Initial)

B. VA Pest Control Assoc PAC

Mailing Address PO Box 7161

City Fredericksburg State VA Zip Code 22404

Name of Employer or Principal Place of Business

 Occupation
 PAC
Transaction ID:C164722

Date of Receipt

 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account:**Transaction ID:**C164730

Date of Receipt

 M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

250.00

Account:**SUBTOTAL** of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

148000.00

Form/Schedule: **F3XA**

Transaction ID:

This amendment is in response to the Commission's letter dated May 23, 2007. The Democratic Congressional Campaign Committee ceded \$70,000 of its 441a(d) spending authority for the 2nd Congressional District and candidate Phil Kellam, therefore the Committee has not exceeded its limit for Phil Kellam. However, after further review, the Committee has determined that it did exceed its limit by \$9400.00 for the 10th Congressional District and candidate Judy Feder. In addition to the \$39600 allotted to each State Party Committee, the DCCC also ceded \$21000 of its authority to the Committee. The Committee has also in-kind \$5000 to the Judy Feder for Congress Committee (see Schedule B for Line 23), leaving a balance of \$9400 of the \$75000 expenditure reported on Schedule F. The Committee will seek to remedy this by obtaining payment from the Judy Feder for Congress Committee for the remaining amount of \$9400 (see Schedule D for Line 9). Payments on Schedule F, supporting Line 25, made after the election were incurred and paid during the time included in the 30 Day Post-General Report. Thus, no memo Schedule F payments or debts were reported on the 12 Day Pre-General.

Form/Schedule: **SB30B**

Transaction ID: **D31642**

Payment for postage for exempt mail piece featuring Jim Webb, candidate for US Senate, Virginia.

Image# 27930853580

Form/Schedule: **SB30B**
Transaction ID: **D31650**

Payments to The Baughman Company were for Exempt Candidate Mail featuring Phil Kellam, candidate for the 6th district from Virginia.

Form/Schedule: **SB30B**
Transaction ID: **D31638**

Payment to Mack Crousen Group for Exempt Grassroots Candidate Materials featured Jim Webb, candidate for US Senate from Virginia, and Andrew Hurst, candidate for 11th District US House from Virginia.
